

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90060 037 \*\*\*\*61.25

40013764



|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # N98000006672</b><br>1. Entity Name<br><b>THE COLONY AT HERON BAY ASSOCIATION, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br>11575 HERON BAY BLVD<br>2ND FLOOR<br>CORAL SPRINGS, FL 33076   |  |   | Mailing Address<br>11575 HERON BAY BLVD<br>2ND FLOOR<br>CORAL SPRINGS, FL 33076 |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                                       |   |  |
| City & State  |  |   | City & State  |   |  |
| Zip   |  | Country   |   | 4. FEI Number<br><b>65-0882624</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>HASTINGS, VIVIEN</b><br><b>24301 WALDEN CENTER DRIVE</b><br><b>BONITA SPRINGS, FL 34134</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |  |   |   |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>   |  |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>  |  |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>SMIETANA, MARK J<br>24301 WALDEN CENTER DR.<br>BONITA SPRINGS, FL 34134  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>HALUSKA, ANDREW<br>24301 WALDEN CENTER DRIVE<br>BONITA SPRINGS, FL 34134 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>STEPHENS, TODD<br>24301 WALDEN CENTER DRIVE<br>BONITA SPRINGS, FL 34134  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |   |  |
| <small>Date Daytime Phone #</small>   |  |   |   |   |  |

ATTACHMENT

40013764  
#N98000006672

**Integrity Property Management, Inc.**  
**953 University Drive**  
**Coral Springs, FL 33071**

**Office: (954) 346-0677 Fax: (954) 346-0784**

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INTEGRITY PROPERTY MANAGEMENT, INC. IS THE NEW  
MANAGEMENT COMPANY FOR:

*The Colony at Heron Bay*

PLEASE CHANGE THE BILLING ADDRESS TO:

C/O INTEGRITY PROPERTY MANAGEMENT, INC.  
953 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071

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\*\*\*\*THIS ADDRESS CHANGE EFFECTIVE IMMEDIATELY\*\*\*\*

THANK YOU,  
ACCOUNTS PAYABLE