

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90004 010 ***158.75

DOCUMENT # P02000135013

1. Entity Name
HERON POND APARTMENTS II, INC.



Principal Place of Business
**2937 SW 27TH AVE., STE. 303
COCONUT GROVE, FL 33133**

Mailing Address
**2937 SW 27TH AVE., STE. 303
COCONUT GROVE, FL 33133**

07004061



2. Principal Place of Business
2950 SW 27 AVE

Suite, Apt. #, etc.
200

3. Mailing Address
2950 SW 27 AVE

Suite, Apt. #, etc.
200

07052004 Chg-P CR2E034 (10/03)

City & State
COCONUT GROVE FL

Zip
33133

Country
USA

City & State
COCONUT GROVE FL

Zip
33133

Country
USA

4. FEI Number
APPLIED FOR 16-1648850

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 W FLAGLER ST
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME	DP BOGGIO, LLOYD J	<input type="checkbox"/> Delete
STREET ADDRESS	2937 SW 27TH AVE., STE. 303	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE NAME	DV GREER, BRUCE	<input type="checkbox"/> Delete
STREET ADDRESS	2937 SW 27TH AVE., STE. 303	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE NAME	V GONZALEZ, LUIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2937 SW 27TH AVE., STE. 303	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2950 SW 27 AVE #200
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2950 SW 27 AVE #200
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #