

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070489 (6)

1. Corporation Name

HERON BAY, INC.



Principal Place of Business

Mailing Address

3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0540040

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON, K. Y
3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person or firm name of registered agent and file in application)

Kenneth Y. Gordon

4/22/96

(Date)

(NOTE: Registered Agent signature required when re-establishing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME KOSTE, B. R
STREET ADDRESS 801 LAUREL OAK DRIVE
CITY-STATE-ZIP NAPLES FL 33963

TITLE PD ☐ DELETE
NAME RAMSEY, R. W
STREET ADDRESS 3300 UNIVERSITY DRIVE
CITY-STATE-ZIP CORAL SPRINGS FL 33065

TITLE TD ☒ DELETE
NAME MUCCI, M. E
STREET ADDRESS 3300 UNIVERSITY DRIVE
CITY-STATE-ZIP CORAL SPRINGS FL 33065

TITLE VS ☐ DELETE
NAME MCGOWAN, J. P
STREET ADDRESS % 3300 UNIVERSITY DRIVE
CITY-STATE-ZIP CORAL SPRINGS FL 33065

TITLE V ☐ DELETE
NAME GRAHAM, D. H
STREET ADDRESS % 3300 UNIVERSITY DRIVE
CITY-STATE-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

DT
DISTEFANO, P.L.
3300 University Drive
Coral Springs, FL 33065

CP
RAMSEY, R. W.
3300 University Drive
Coral Springs, FL 33065

9000001793529
-04/24/96--01095--031
***200.00

☐ Change ☒ Addition

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4-24-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 its predecessor or trustee empowered to execute this report as required by Chapter 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James P. McGowan, Vice President

Date

4/22/96

Daytime Phone

CR2E034 (12/95)