

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767954

Entity Name: HERONWOOD HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994**Current Mailing Address:**1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US**FEI Number:** 59-2286853**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADVANTAGE PROPERTY MGMT
1111 SE FEDERAL HWY
STUART, FL 34994 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	CARDINALE, LAURA
Address	1111 SE FEDERAL HWY. SUITE 100
City-State-Zip:	STUART FL 34994

Title	TD
Name	RUBIO, LUIS
Address	1111 SE FEDERAL HWY SUITE 100
City-State-Zip:	STUART FL 34994

Title	VPD
Name	WEBB, BUTCH
Address	1111 SE FEDERAL HWY SUITE 100
City-State-Zip:	STUART FL 34994

Title	D
Name	MISTARZ, ELIZA BETH
Address	1111 SE FEDERAL HWY SUITE 100
City-State-Zip:	STUART FL 34994

Title	SD
Name	MEYERS, LYNDIA
Address	1111 SE FEDERAL HWY SUITE 100
City-State-Zip:	STUART FL 34994

Title	D
Name	JONES, DARLENE
Address	1111 SE FEDERAL HWY SUITE 100
City-State-Zip:	STUART FL 34994

Title	VPD
Name	BOWLES, RAY
Address	1111 SE FEDERAL HWY SUITE 100
City-State-Zip:	STUART FL 34994

Title	D
Name	GERSHMAN, KEITH
Address	1111 SE FEDERAL HWY SUITE 100
City-State-Zip:	STUART FL 34994

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURA CARDINALE

PRESIDENT

04/06/2018

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	D
Name	MISTARZ, MARK
Address	1111 SE FEDERAL HWY SUITE 100
City-State-Zip:	STUART FL 34994