

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08573

**Entity Name:** HERON CAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

700 BIMINI CAY CIRCLE  
VERO BEACH, FL 32966

**Current Mailing Address:**

700 BIMINI CAY CIRCLE  
VERO BEACH, FL 32966 US

**FEI Number: 59-2501810**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VARTIGIAN, RICHARD A  
1103 US HIGHWAY 1  
SUITE 3  
SEBASTIAN, FL 32958 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	PRESIDENT	Title	FIRST VICE PRESIDENT
Name	MCNAIR, BONNIE	Name	O'HARA, PATRICIA
Address	582 JONATHAN'S CAY	Address	532 TREASURER COURT
City-State-Zip:	VERO BEACH FL 32966	City-State-Zip:	VERO BEACH FL 32966
Title	SECOND VICE PRESIDENT	Title	SECRETARY
Name	MANDIA, CHRISTOPHER	Name	TRENT, DONNIA
Address	191 BIMINI CAY CIRCLE	Address	333 BIMINI CAY CIRCLE
City-State-Zip:	VERO BEACH FL 32966	City-State-Zip:	VERO BEACH FL 32966
Title	TREASURER	Title	DIRECTOR
Name	QUINTERO, ELSIE	Name	CHIARANTONA, RICH
Address	421 BIMINI CAY CIRCLE	Address	187 BIMINI CAY CIRCLE
City-State-Zip:	VERO BEACH FL 32966	City-State-Zip:	VERO BEACH FL 32966
Title	DIRECTOR		
Name	MANNO, JACK		
Address	528 TREASURER COURT		
City-State-Zip:	VERO BEACH FL 32966		

*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: ELSIE QUINTERO**

**TREASURER**

**02/20/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date