

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08573

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

**Current Principal Place of Business:**

700 BIMINI CAY CIR  
VERO BEACH, FL 32966

**Current Mailing Address:**

700 BIMINI CAY CIR  
VERO BEACH, FL 32966

**FEI Number: 59-2501810**

**Certificate of Status Desired: No**

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

QUINTERO, ELSIE TD  
421 BIMINI CAY CIRCLE  
VERO BEACH, FL 32966 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 VP2D  
Name CORDOVA, LOUIS  
Address 59 DARBY CAY  
City-State-Zip: VERO BEACH FL 32966

Title SD  
Name RIPP, GWEN  
Address 99 DARBY CAY  
City-State-Zip: VERO BEACH FL 32966

Title TD  
Name CAMPBELL, CAROL  
Address 257 BIMINI CAY CIRCLE  
City-State-Zip: VERO BEACH FL 32966

Title PD  
Name QUINTERO, ELSIE  
Address 421 BIMINI CAY CIR  
City-State-Zip: VERO BEACH FL 32966

Title DIRECTOR  
Name BURNS , BARBARA  
Address 563 BIMINI CAY CIR  
City-State-Zip: VERO BEACH FL 32966

Title VP1D  
Name STEVENS, LYLE  
Address 88 DARBY CAY  
City-State-Zip: VERO BEACH FL 32966

Title DIRECTOR  
Name GIACCIO, DIANE  
Address 168 FREEPORT CAY  
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**

**PRESIDENT**

**02/16/2015**

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

\_\_\_\_\_  
Date