

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34915

**Entity Name:** HERON POINTE RESIDENT'S ASSOCIATION, INC.**Current Principal Place of Business:**C/O ABILITY MANAGEMENT  
6736 LONE OAK BLVD  
NAPLES, FL 34109**Current Mailing Address:**C/O ABILITY MANAGEMENT  
6736 LONE OAK BLVD  
NAPLES, FL 34109 US**FEI Number:** 65-0211929**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABILITY MANAGEMENT, INC  
C/O ABILITY MANAGEMENT  
6736 LONE OAK BLVD  
NAPLES, FL 34109 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:** DENNIS F LIVELY

04/29/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	FEDELEM, TERRY
Address	C.O ABILITY MANAGEMENT INC 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

Title	SECRETARY
Name	TROUT, JANE
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

Title	TREASURER
Name	HARTONG, JOHN
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

Title	VP
Name	LYMBURNER, DAN
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

Title	DIRECTOR
Name	LEWIS, DOUG
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

*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:** TERRY FEDELEM

PRESIDENT

04/29/2025

Electronic Signature of Signing Officer/Director Detail

Date