

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34915

**Entity Name:** HERON POINTE RESIDENT'S ASSOCIATION, INC.**Current Principal Place of Business:**1800 TIMBERLINE DR  
NAPLES, FL 34109**Current Mailing Address:**5603 NAPLES BLVD.  
NAPLES, FL 34109**FEI Number: 65-0211929****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOORE PROPERTY MANAGEMENT, LLC  
5603 NAPLES 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	VP
Name	UNKBEKANT, RICHARD
Address	1946 TIMBERLINE DRIVE
City-State-Zip:	NAPLES FL 34109

Title	DIRECTOR
Name	KUHRE, ALAN B
Address	1984 TIMBERLANE DR.
City-State-Zip:	NAPLES FL 34109

Title	SECRETARY, TREASURER
Name	FEDELEM, NORA
Address	1979 TIMBERLINE
City-State-Zip:	NAPLES FL 34109

Title	DIRECTOR
Name	DUDLEY, PETER
Address	1937 TIMBERLINE DR.
City-State-Zip:	NAPLES FL 34109

Title	PRESIDENT
Name	KING, MICHELLE
Address	1907 TIMBERLINE DR.
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: MICHELLE KING****PRES****02/18/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date