

2020 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:**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

05/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	S
Name	ERSOLMAZ, LORI
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

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

Title	VP
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: JANE TROUT**PRESIDENT**

05/21/2020

Electronic Signature of Signing Officer/Director Detail

Date