

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40957

Entity Name: HERONS GLEN HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2250 HERONS GLEN BLVD
NORTH FORT MYERS, FL 33917**Current Mailing Address:**2250 HERONS GLEN BLVD
NORTH FORT MYERS, FL 33917 US**FEI Number:** 65-0228873**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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
Name CUMMINGS, PATTI
Address 2250 HERONS GLEN BLVD
City-State-Zip: NORTH FORT MYERS FL 33917

Title VP
Name OVERS, PETER
Address 2250 HERONS GLEN BLVD
City-State-Zip: NORTH FORT MYERS FL 33917

Title TREASURER
Name HUETTEMAN, EDD
Address 2250 HERONS GLEN BLVD
City-State-Zip: NORTH FORT MYERS FL 33917

Title SECRETARY
Name SPICER, SHIRLEY
Address 2250 HERONS GLEN BLVD
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR
Name LOWE, CHARLENE
Address 2250 HERONS GLEN BLVD
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR
Name ROMINE, RICK
Address 2250 HERONS GLEN BLVD
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR
Name STROUT, RICH
Address 2250 HERONS GLEN BLVD
City-State-Zip: NORTH FORT MYERS FL 33917

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: PATTI CUMMINGS**PRESIDENT****02/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date