2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001514

Entity Name: HERON'S COVE PROPERTY OWNER'S ASSOCIATION, INC.

FILED
Mar 21, 2025
Secretary of State
5907042254CC

Current Principal Place of Business:

HERONS COVE DR./EGRET PLACE PUNTA GORDA. FL 33983

Current Mailing Address:

C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214 PUNTA GORDA, FL 33950 US

FEI Number: 65-0681804 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214 PUNTA GORDA, FL 33950 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 DIRECTOR, SECRETARY Title DIRECTOR, VP
Name BOWMAN, BARBARA Name WAKSLER, GERI

Address C/O PALMER PROPERTY Address C/O PALMER PROPERTY

MANAGEMENT MANAGEMENT

6210 SCOTT STREET,UNIT 214 6210 SCOTT STREET,UNIT 214

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

 Title
 DIRECTOR, TREASURER
 Title
 DIRECTOR

 Name
 PALMER, TERESA
 Name
 PAGE, RICK

Address C/O PALMER PROPERTY Address C/O PALMER PROPERTY

MANAGEMENT MANAGEMENT

6210 SCOTT STREET,UNIT 214 6210 SCOTT STREET,UNIT 214

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR, PRESIDENT Title DIRECTOR

Name CIESLIK, BRIAN Name COCCARO, PETER

Address C/O PALMER PROPERTY Address C/O PALMER PROPERTY

MANAGEMENT MANAGEMENT

6210 SCOTT STREET,UNIT 214 6210 SCOTT STREET,UNIT 214

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 REMMICK, BLAINE
 Name
 PAGE, DANA

Address C/O PALMER PROPERTY Address C/O PALMER PROPERTY

MANAGEMENT MANAGEMENT

6210 SCOTT STREET,UNIT 214 6210 SCOTT STREET,UNIT 214

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

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: BRIAN CIESLIK PRESIDENT 03/21/2025