

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90011 001 \*\*\*\*61.25

**DOCUMENT # 744461**

1. Entity Name

**THE BLUE HERON COTTAGES ASSOCIATION, INC.**

Principal Place of Business

990 GULF BLVD.  
 INDIAN ROCKS BEACH FL 33785  
 US

Mailing Address

PO BOX 681  
 INDIAN ROCKS BEACH FL 33785  
 US

- 32201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

990 Gulf Blvd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 681

Suite, Apt. #, etc.

City & State

Indian Rocks Beach FL INDIAN ROCKS BEACH FL

City & State

Indian Rocks Beach FL

4. FEI Number

59-3402282

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUDNY, MICHAEL J  
 4830 W. KENNEDY BLVD.  
 ONE URBAN CENTRE, SUITE 985  
 TAMPA FL 33609-2574

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/2001  
 DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENKEL, GARY	
STREET ADDRESS	120 10TH AVENUE	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CRANDALL TILLY, LAURA	
STREET ADDRESS	533D EPPING LANE	
CITY-ST-ZIP	ZEPHRYHILLS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	VERGES, DOLORES	
STREET ADDRESS	301 14TH AVENUE	
CITY-ST-ZIP	INDIAN ROCKS BEACH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (1/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #