


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90008 002 \*\*\*\*61.25

<b>DOCUMENT # 744461</b>					
<b>1. Entity Name</b> THE BLUE HERON COTTAGES ASSOCIATION, INC.					
<b>Principal Place of Business</b> 990 GULF BLVD. INDIAN ROCKS BEACH, FL 33785 US			<b>Mailing Address</b> PO BOX 681 INDIAN ROCKS BEACH, FL 33785 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3402282	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BRUDNY, MICHAEL J 28100 US 19 NORTH SUITE 300 CLEARWATER, FL 33761			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renesting)</small>					
<b>Filing Fee is \$91.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME	PD BADO, RICK	<input type="checkbox"/> Delete		TITLE NAME	BADO RICK
STREET ADDRESS	3912 SOUTH DREZEL AVE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33611			CITY-ST-ZIP	
TITLE NAME	DV MORRIE, CINDY	<input type="checkbox"/> Delete		TITLE NAME	MORRIE
STREET ADDRESS	214 178TH TERRACE DR			STREET ADDRESS	
CITY-ST-ZIP	REDMYNTON SHORES, FL 33708			CITY-ST-ZIP	
TITLE NAME	DS VERGES, DOLORES	<input type="checkbox"/> Delete		TITLE NAME	
STREET ADDRESS	301 14TH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH,			CITY-ST-ZIP	
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: <i>Calvin Kayer</i>				Date	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

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