


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 744461 1. Entity Name THE BLUE HERON COTTAGES ASSOCIATION, INC.	
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Principal Place of Business 990 GULF BLVD. INDIAN ROCKS BEACH, FL 33785 US	Mailing Address PO BOX 681 INDIAN ROCKS BEACH, FL 33785 US
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02192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3402282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRUDNY, MICHAEL J
28100 US 19 NORTH
SUITE 300
CLEARWATER, FL 33781**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DADO, RICK 3912 SOUTH DREZEL AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORRIS, CINDY 214 176TH TERRACE DR REDMYNTON SHORES, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VERGES, DOLORES 301 14TH AVENUE INDIAN ROCKS BEACH,
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03/02/07-80023-002 61.25

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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: *Dolores Verges* 2/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #