

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

INCORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Secretary of State
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

FILED
95 FEB 28 AM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31478 (3)**
HERON HIDEAWAY PROPERTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
155 E. PORT RD. WHS. B. RIVIERA BEACH FL 33404 US		155 E. PORT RD. WHS. B. RIVIERA BEACH FL 33404 US		04/03/1989	01/24/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21 State, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	NOT APPLICABLE	
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25	26	27	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
29	30	31	32	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
33	34	35	36	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DIAS, R. ALAN 155 E. PORT ROAD RIVIERA BEACH FL 33404				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAS, R. ALAN	1.2 NAME	
STREET ADDRESS	155 E. PORT ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAS, FRAN	2.2 NAME	
STREET ADDRESS	155 E. PORT ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAS, FRAN	3.2 NAME	
STREET ADDRESS	155 E. PORT ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAS, GLEN A	4.2 NAME	
STREET ADDRESS	16295 134TH TERRACE NORTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33478	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Robert A. Dias*
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
 2/10/95 407-848-2576
 Robert A. Dias