Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N31478

Corporation Name

HERON HIDEAWAY PROPERTY OWNERS ASSOCIATION. INC.

Country

Principal Place of Business	
155 E. PORT RD. WHS. B. RIVIERA BEACH FL 33404 US	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address 155 E. PORT RD.

WHS. B. RIVIERA BEACH FL 33404

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

FILED Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90121 047 ****61.25

		•	•	,

3. Date Incorporated or Qualifed

NOT APPLICABLE

6. Election Campaign Financing

5. Certificate of Status Desired ---- []

04/03/1989

4. FEI Number

24	25	29	30		Trust Fully Combibation .	710000 11	
	9. Name and Address of Curren	nt Registered Agent		,	10. Name and Address of New Registered	Agent	
			81	Name	a '		
DIAS, R. A	ALAN		82	Street	t Address (P.O. Box Number is Not Acceptable)		
	ORT ROAD			ļ		•	·
	EACH FL 33404		83	1			
			84	City		85 Zip C	ode
1			1.	\ '	FL	-	
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was a	utnorized by	/ the cort	d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appo	changing its intment as reg	registered pistered
SIGNATURE		***************************************			partition when reinstation) DATE		
40	Signature, typed or printed name of registered age		Registered Age	int signature	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AI	ID DIRECTO	RS IN 12
12.		ND DIRECTORS	1.1 ITILE		T ADDITIONOS PARA TO SET TIGETOS A	□ Change	Addition
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NAME	DIAS, FRAN		2.2 NAME				ļ
STREET ADDRESS	1		1	T ADDRESS	5		}
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NAME	DIAS, FRAN		3.2 NAME				
STREET ADDRESS				ET ADDRESS	S		
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NAME				ET ADDRESS			
STREET ADDRESS	Į.		5.4 CITY-	_	*		
CITY-ST-ZIP		DELETE	6.1 TITLE			Change	Addition
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NAME			1	ET ADDRES	e		, ,
STREET ADDRESS			6.3 STRE		•	•	
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Country

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: