

*Never Rec'd 2000 Form
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N31478**
 1. Entity Name
Heron Hideaway Property Owners Association

FILED
 00 JUN -3 AM 9:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
732436

Principal Place of Business Mailing Address
155 E. Port RD. P.O. Box 9319
Units B Riviera Beach, FL 33404
USA USA 33419

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
6/3/00 90003/015 \$161.25
 4. FEI Number Applied For
NOT APPLICABLE Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Dias, R. Alan
155 E. Port RD. Units B
Riviera Beach, FL 33404

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW
SEE IS \$81.25

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	PO	<input type="checkbox"/> Delete
NAME	Dias, R. Alan	
STREET ADDRESS	155 E. Port RD.	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Dias, Fran	
STREET ADDRESS	155 E. Port RD.	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Dias, Fran	
STREET ADDRESS	155 E. Port RD.	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	Dias, Glen A.	
STREET ADDRESS	16295 134th Terrace N.	
CITY-ST-ZIP	Jupiter, FL 33478	
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		

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 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 **X**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6/22/00 561 848-2576
 Date Days Phone #

CR2E037 (9/99)

6/06