

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N31478

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: HERON HIDEAWAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

155 E. PORT RD.
WHS. B.
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9319
RIVIERA BEACH, FL 33419

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAS, R. ALAN
155 E. PORT ROAD
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIAS, R. ALAN
Address: 155 E. PORT ROAD
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VD () Delete
Name: DIAS, FRAN
Address: 155 E. PORT ROAD
City-St-Zip: RIVIERA BEACH, FL 33404

Title: ST () Delete
Name: DIAS, FRAN
Address: 155 E. PORT ROAD
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: DIAS, GLEN A
Address: 16295 134TH TERRACE NORTH
City-St-Zip: JUPITER, FL 33478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A DIAS

PD

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date