

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90123 033 \*\*\*\*61.25

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

**DO NOT WRITE IN THIS SPACE**

**90018466**

2. Principal Place of Business  
**5980 OUR ROBBIES RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**5980 OUR ROBBIES RD**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Jupiter FL**  
Zip  
**33458**  
Country  
**USA**

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**Jupiter FL**  
Zip  
**33458**  
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4. FEI Number  
**NOT APPLICABLE**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**ESSE ASKER**  
Street Address (P.O. Box Number is Not Acceptable)  
**5880 OUR ROBBIES RD**  
City  
**Jupiter** FL Zip Code  
**33458**

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 **Emm M. Ure**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PD Asker, b. Esse 5880 Our Robbies Rd. Jupiter, FL 33458</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP Cook, D. Stephen 5940 Our Robbies Rd. Jupiter, FL 33458</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST Fischman, Leonard 5980 Our Robbies Rd Jupiter, FL 33458</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Leonard S. Fischman Sec** 1-31-03 861 748-8492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)