

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2006  
Secretary of State**

DOCUMENT# N50725

Entity Name: BLUE HERON SUBDIVISION, INC.

**Current Principal Place of Business:**

1524 DUANE PALMER BLVD  
SEBRING, FL 33876 US

**New Principal Place of Business:**

**Current Mailing Address:**

1524 DUANE PALMER BLVD  
SEBRING, FL 33876 US

**New Mailing Address:**

FEI Number: 65-0400090      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIQUEL, GEORGE  
1524 DUANE PALMER BLVD  
SEBRING, FL 33876 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: DP ( ) Delete  
Name: MIQUEL, GEORGE  
Address: 1524 DUANE PALMER BVLVD  
City-St-Zip: SEBRING, FL 33876

Title: DVS ( ) Delete  
Name: MAVIS, RICHARD  
Address: 2880 N.E. 9TH STREET  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: GEORGE MIQUEL

DP

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date