## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 744461**

FILED Jul 01, 2009 Secretary of State

Entity Name: THE BLUE HERON COTTAGES ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:			
90 GULF NDIAN R		JS				
urrent N	lailing Address:		New Maili	ng Addre	ss:	
O BOX 6 NDIAN R		JS				
accordan	:: 59-3402282 FEI Number Ap	orporation did not receive t	=	е.	Certificate of Status Desired (	( )
ame and	d Address of Current Registe	ered Agent:	Name and	Address	of New Registered Agent:	
8100 US :UITE 300	ATER, FL 33761 US					
			نسخنج حجاج ع		ad affice or registered agent, or	
	e named entity submits this stat e of Florida.	tement for the purpose o	or changing i	ts register	ed office of registered agent, of	r both,
the Stat	e of Florida.	tement for the purpose o	r changing i	ts register	ed office of registered agent, of	both,
the Stat	e of Florida.		cnanging i	ts register	Date	both,
the Stat	e of Florida. ´ RE:					
the Stat	e of Florida. RE:Electronic Signature of				Date	
the State IGNATU  PFFICER  tle: ame: ddress:	e of Florida.  RE:  Electronic Signature of  S AND DIRECTORS:  PD () Delete BADO, RICK 3912 SOUTH DREZEL AVE	Registered Agent	ADDITION Title: Name: Address:		Date SES TO OFFICERS AND DIRE	
the State IGNATU  PFFICER  ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida.  RE:  Electronic Signature of  S AND DIRECTORS:  PD () Delete  BADO, RICK 3912 SOUTH DREZEL AVE  TAMPA, FL 33611  DV () Delete  MORRIS, CINDY 214 176TH TERRACE DR	Registered Agent	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:		Date  GES TO OFFICERS AND DIRE  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH PLUMMER DT 07/01/2009