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May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H97438** (6)
1. Corporation Name
BLUE HERON MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**MARY T. BLACK
4800 N.E. BLUE HERON LN.
JENSEN BEACH FL 34957
US**

Mailing Address
**C/O MARY BLACK
4800 N.E. BLUE HERON LN.
JENSEN BEACH FL 34957-3789
US**

3. Date Incorporated or Qualified
01/31/1986
3a. Date of Last Report
04/29/1996
4. FEI Number
59-2651301
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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9. Name and Address of Current Registered Agent
**BLACK, MARY T
4772 4800 N.E. BLUE HERON LN.
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Mary T. Black, PRESIDENT** 4-17-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PD **BLACK, MARY T
4772 NE BLUE HERON
JENSEN BEACH FL**
DT **HEINS, CAROL
4759 NE BLUE HERON
JENSEN BEACH FL**
DD **KING, HARVEY
4800 NE BLUE HERON LANE
JENSEN BEACH FL**
DD **MARTIN, FRANCES
4784 NE BLUE HERON LANE
JENSEN BEACH FL**
DS **KRUS, LAURA M
4743 NE BLUE HERON
JENSEN BEACH FL**
DELETE
DELETE
DELETE
DELETE
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **President**
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE **Treasurer**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE **DD (Director)**
3.2 NAME **STELLMACHER, DORIS**
3.3 STREET ADDRESS **4736 N.E. BLUE HERON**
3.4 CITY - ST - ZIP **JENSEN BEACH, FL 34957**
4.1 TITLE **DD (Director)**
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE **Secretary**
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition
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Change Addition

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARY T. BLACK** 4-17-97 561-334-1596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)