

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90100 013 ***150.00

DOCUMENT # H97438

1. Corporation Name

BLUE HERON MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

MARY T. BLACK JACK
4772 N.E. BLUE HERON LN.
JENSEN BEACH FL 34957
US

Mailing Address

A. WARD
4772 N.E. BLUE HERON LN.
JENSEN BEACH FL 34957
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1986

4. FEI Number

59-2651301

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 Zip Code

85

FL

34957

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

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 ☒ DELETE

NAME BLACK, MARY T
STREET ADDRESS 4772 NE BLUE HERON
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☐ DELETE

NAME HEINS, CAROL
STREET ADDRESS 4759 NE BLUE HERON
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☒ DELETE

NAME DD STELLMACHER, DORIS
STREET ADDRESS 4736 N.E. BLUE HERON
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☒ DELETE

NAME DD MARTIN, FRANCES
STREET ADDRESS 4764 NE BLUE HERON LANE
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☐ DELETE

NAME S KRUS, LAURA M
STREET ADDRESS 4743 NE BLUE HERON
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

NAME P WARD, JACK A
STREET ADDRESS 4772 N.E. BLUE HERON
CITY-ST-ZIP JENSEN BEACH, FL 34957

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition

NAME DO STROLLO, LUCY
STREET ADDRESS 4787 N.E. BLUE HERON
CITY-ST-ZIP JENSEN BEACH, FL 34957

4.1 TITLE ☒ Change ☒ Addition

NAME DO MAHONEY, LEE A.
STREET ADDRESS 4731 N.E. BLUE HERON
CITY-ST-ZIP JENSEN BEACH, FL 34957

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-1-99

716 394 6858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (11/98)