

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H97438

1. Entity Name

BLUE HERON MOBILE HOME OWNERS ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90161 018 ***150.00

Principal Place of Business

Mailing Address

JACK A WARD
4740 NE BLUE HERON LN
JENSEN BEACH FL 34957
US

JACK A WARD
4740 NE BLUE HERON LN
JENSEN BEACH FL 34957-3787
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2651301**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, JACK A
4740 NE BLUE HERON LN
JENSEN BEACH FL 34957

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WARD, JACK A	
STREET ADDRESS	4740 NE BLUE HERON	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEINS, CAROL	
STREET ADDRESS	4759 NE BLUE HERON	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	STROLLO, LUCY	
STREET ADDRESS	4736 N.E. BLUE HERON	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	MAHONEY, LEE P	
STREET ADDRESS	4764 NE BLUE HERON LANE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRUS, LAURA M	
STREET ADDRESS	4743 NE BLUE HERON	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL McDowell	
STREET ADDRESS	4727 NE BLUE HERON LANE	
CITY-ST-ZIP	JENSEN BEACH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)