

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90228 037 ***150.00

DOCUMENT # H97438

1. Entity Name
BLUE HERON MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2651301**

Applied For
 Not Applicable

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 **JAMES PETERMAN**

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

4775 NE BLUE HERON

City **JENSEN BEACH, FL** Zip Code **34957**

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 *James J. Peterman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-01

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, 2001 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 checked="" 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 type="checkbox"/> Delete
NAME	MCDOWELL, PAUL	
STREET ADDRESS	4727 NE BLUE HERON LN	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERMAN JAMES	
STREET ADDRESS	4775 NE BLUE HERON	
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		
TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REISTER, RON	
STREET ADDRESS	4748 NE BLUE HERON	
CITY-ST-ZIP	JENSEN BEACH, FL	

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: *James J. Peterman, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

561-334-6430

Daytime Phone #

JAMES PETERMAN

CR2E034 (10/00)