

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90214 022 ***150.00

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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

11034129



2. Principal Place of Business

4795 NE BLUE HERON LANE
Suite, Apt. #, etc.

3. Mailing Address

4795 NE BLUE HERON LANE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

JENSEN BEACH FL

City & State

JENSEN BEACH FL

4. FEI Number **59-2651301**

Applied For
Not Applicable

Zip
34957

Country

U.S.A.

Zip
34957

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOGART, DONALD
4783 NE BLUE HERON LANE
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name
JANE L. CORNETT
Street Address (P.O. Box Number is Not Acceptable)
401 E. OSCEOLA ST.
FIRST FLOOR
City
STUART FL Zip Code
34994

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BOGART, DONALD**
STREET ADDRESS **4783 NE BLUE HERON LANE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **T** ☐ Delete
NAME **HEINS, CAROL**
STREET ADDRESS **4759 NE BLUE HERON**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **DD** ☐ Delete
NAME **BEEBE, DOT**
STREET ADDRESS **4739 NE BLUE HERON LANE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **S** ☐ Delete
NAME **KAHLAR, PATRICIA**
STREET ADDRESS **4752 NE BLUE HERON LN**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **DD** ☐ Delete
NAME **REISTER, RON**
STREET ADDRESS **4748 NE BLUE HERON**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CAROLYN HEINS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

Daytime Phone #

CR2E034 (10/02)