

1100000003225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

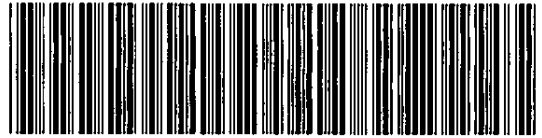
(Business Entity Name)

(Document Number)

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09 APR -1 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts APR. 01. 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2009

FRANK IRBY  
1385 SE 23RD ST  
OKEECHOBEE, FL 34974

SUBJECT: BLUE HERON GOLF AND COUNTRY CLUB HOMEOWNERS  
ASSOCIATION, INC.  
Ref. Number: N00000003225

We have received your document for BLUE HERON GOLF AND COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 909A00009766

RECEIVED  
2009 APR -1 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Blue Heron Golf and Country Club Homeowners Association  
(Name of Corporation)

**DOCUMENT NUMBER:** N00000003225

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Irby  
(Name of Contact Person)

(Firm/Company)

1385 SE 23rd Street  
(Address)

Okeechobee, FL 34974  
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Irby at ( 863 ) 357-1639  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Blue Heron Golf and Country Club Homeowners Association, Inc.,
2. The principal office address: 990 SE 23rd Street, Okeechobee, FL 34974
3. The mailing address (if different): P.O. Box 1575, Okeechobee, FL 34973
4. Date of incorporation/qualification: 5-11-2000 Document number: N00000003225
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Doug Williams (deceased)

990 SE 23rd Street

Okeechobee, FL 34974

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Frank Irby

1385 SE 23rd Street


(P.O. Box NOT acceptable)

Okeechobee, FL 34974

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Frank Irby DIRECTOR  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

3-27-2009  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)