

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003225

FILED  
Feb 15, 2010  
Secretary of State

**Entity Name:** BLUE HERON GOLF AND COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

990 SE 23RD STREET  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

1385 S.E. 23 STREET  
OKEECHOBEE, FL 34974

**Current Mailing Address:**

PO BOX 1575  
OKEECHOBEE, FL 349731575

**New Mailing Address:**

**FEI Number:** 54-2077578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IRBY, FRANK  
1385 SE 23RD ST  
OKEECHOBEE, FL 34974 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: IRBY, FRANK  
Address: 1385 S.E. 23RD STREET  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: VPD  
Name: HUNDLEY, ALYCE  
Address: 1040 S.E. 23 STREET  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: SD  
Name: WARNER, LOIS  
Address: 1020 S.E. 21 STREET  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: TD  
Name: GELATKA, PATSY L  
Address: 1165 S.E. 21ST STREET  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: D  
Name: TONY, MAZZOLA  
Address: 1180 S.E. 21 STREET  
City-St-Zip: OKEECHOBEE, FL 34974 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATSY L. GELATKA

TD

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date