


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90029 029 ****61.25

DOCUMENT # N02000002098

1. Entity Name
BLUE HERON POND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**635 SOUTH ORANGE AVENUE
 SUITE 16
 SARASOTA, FL 34236**

Mailing Address
**635 SOUTH ORANGE AVENUE
 SUITE 16
 SARASOTA, FL 34236**

50056672



2. Principal Place of Business
**KEYS-CALDWELL, INC.
 1162 INDIAN HILLS BLVD.
 VENICE, FL 34293**

3. Mailing Address
**KEYS-CALDWELL, INC.
 1162 INDIAN HILLS BLVD.
 VENICE, FL 34293**

06152005 Chg-NP CR2E037 (10/03)

4. FEI Number
54-2093673

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SILVIA, GREGORY PRES.
 BLUE HERON POND HMEOWNRS ASSOC., INC.
 132 WADING BIRD DR.
 VENICE, FL 34292**

7. Name and Address of New Registered Agent
 Name: **KEYS-CALDWELL, INC.**
 Street Address: **1162 INDIAN HILLS BLVD.**
VENICE, FL 34293
 State: **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Annette K Caldwell, Agent* *6/20/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Notarization of Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President <i>10</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVIA, GREGORY		NAME	William A. Richmond	
STREET ADDRESS	132 WADING BLVD. DR.		STREET ADDRESS	139 Wading Bird Drive	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice, FL 34292	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President <i>10</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKERSON, BRIAN		NAME	Barry A. Southworth	
STREET ADDRESS	120 WADING BIRD DR.		STREET ADDRESS	140 Wading Bird Drive	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice, FL 34292	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary <i>10</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bette A. Janes	
STREET ADDRESS			STREET ADDRESS	192 Wading Bird Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Venice, FL 34292	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer <i>10</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gary L. Whittington	
STREET ADDRESS			STREET ADDRESS	166 Wading Bird Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Venice, FL 34292	
TITLE		<input type="checkbox"/> Delete	TITLE	Irene Pinski <i>10</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	145 Wading Bird Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Venice, FL 34292	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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: *William A. Richmond* *William A. Richmond* *6/22/05* *488-2396*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #