

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002098

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: BLUE HERON POND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

KEYS CALDWELL, INC.  
1162 INDIAN HILLS BLVD.  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

KEYS CALDWELL, INC.  
1162 INDIAN HILLS BLVD.  
VENICE, FL 34293

**New Mailing Address:**

FEI Number: 54-2093673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KEYS CALDWELL, INC.  
1162 INDIAN HILLS BLVD.  
VENICE, FL 34292      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: TD ( ) Delete  
Name: PINSKI, IRENE  
Address: 145 WADING POND DR  
City-St-Zip: VENICE, FL 34292

Title: SD ( ) Delete  
Name: SCHNITZLER, EDWARD  
Address: 176 WADING POND DR  
City-St-Zip: VENICE, FL 34292

Title: PD ( ) Delete  
Name: TESTA, JOSEPH  
Address: 196 WADING BIRD DRIVE  
City-St-Zip: VENICE, FL 34292

Title: VD ( ) Delete  
Name: ITTERMANN, DAVID  
Address: 160 WADING BIRD DRIVE  
City-St-Zip: VENICE, FL 34292

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: PINSKI, IRENE  
Address: 145 WADING POND DR  
City-St-Zip: VENICE, FL 34292

Title: VD (X) Change ( ) Addition  
Name: SCHNITZLER, EDWARD  
Address: 176 WADING POND DR  
City-St-Zip: VENICE, FL 34292

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ITTERMANN, DAVID  
Address: 160 WADING BIRD DRIVE  
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH TESTA

PD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date