2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000008258

RT FILED Jul 25, 2008 Secretary of State

Inches Ital	me: THE SAF	NCTUARY AT BLUE HERON A	SSOCIATION, INC.		
Current Principal Place of Business:			New Principa	New Principal Place of Business:	
265 AIRPORT RD S NAPLES, FL 34104			STE 200	6719 WINKLER RD STE 200 FT MYERS, FL 33919	
Current Mailing Address:			New Mailing	New Mailing Address:	
265 AIRPORT RD S NAPLES, FL 34104			STE 200	6719 WINKLER RD STE 200 FT MYERS, FL 33919	
FEI Number:	: 68-0542350	FEI Number Applied For ()	FEI Number Not Applicab	ole () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Ad	dress of New Registered Agent:	
KRAUS & BALLENER, PA 1072 GOODLETTE RD DO NAPLES, FL 34102 US			6719 WINKLE STE 200 FT MYERS, FL	FT MYERS, FL 33919 US	
	e named entity e of Florida.	submits this statement for the p	urpose of changing its re	egistered office or registered agent, or botl	
SIGNATURE: MILLIE STROHM				07/25/2008	
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/C	CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P (ARSENAULT, I 8085 SANCTU NAPLES, FL 3	ARY DRIVE #1	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	VPD (MORELLO, FR 8157 SANCTU NAPLES, FL 3	ARY DRIVE #1	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TD (DUNNING, LAF 8092 SANCTU NAPLES, FL 3	ARY DRIVE #1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (HATHAWAY, B 8056 SANCTU NAPLES, FL 3	ARY DRIVE #1	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Vame: Address:	GEARE, SUE 7850 SANCTU) Delete ARY CIRCLE #2 4104	Address: 79	O (X) Change()Addition JTZY, FRITZ I43 HAVEN DR #1 APLES, FL 34104	

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: LARRY DUNNING 07/25/2008 TD