

**2006 NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                                              |                                                                                                                                         |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N04000006180</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                                              |                                                                                                                                         |  |  |
| 1. Entity Name<br>HERON CROSSING HOMEOWNERS' ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                                              |                                                                                                                                         |                                                                                   |  |
| Principal Place of Business<br>30 TRAE LANE<br>SANTA ROSA BEACH, FL 32459                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                                              | Mailing Address<br>30 TRAE LANE<br>SANTA ROSA BEACH, FL 32459                                                                           |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                                              | 3. Mailing Address                                                                                                                      |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                              | Suite, Apt. #, etc.                                                                                                                     |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                              | City & State                                                                                                                            |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                              | Zip                                                                                          | Country                                                                                                                                 | 4. FEI Number<br><b>20-3210743</b>                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                                              |                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                                              |                                                                                                                                         | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent<br>PORATH, SHANNON L ESQ.<br>56 SPIRES LANE #16A<br>SANTA ROSA BEACH, FL 32459                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <u>Shannon L Porath</u> 3/15/06<br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                  |                                                                      |                                                                                              |                                                                                                                                         |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$122.50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                                                                                                                         | Make check payable to<br>Florida Department of State                              |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                   |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | P<br>SUMPTER, JAMES A<br>30 TRAE LANE<br>SANTA ROSA BEACH, FL 32459  | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VP<br>JOODI, HAMID<br>17 CRYSTAL MOUNTAIN LANE<br>MAUMELLE, AR 72113 | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | 100069542411<br>04/05/06--01037--021 **122.50                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ST<br>SHAFII, MORTENZA<br>#4 RUBRA CT.<br>LITTLE ROCK, AR 72223      | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>3/3/29</u>                                                        | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>James A Sumpter</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      | JAMES A SUMPTER                                                                              |                                                                                                                                         | 3/15/06 850 2672263                                                               |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      | <small>Date</small>                                                                          |                                                                                                                                         | <small>Daytime Phone #</small>                                                    |  |