2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# N05000003687

Entity Name: HERON WALK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

206 E. 4TH STREET
PORT ST. JOE, FL 32456

New Principal Place of Business:

116 SAILORS COVE DRIVE
PORT ST. JOE, FL 32456

Current Mailing Address:

206 E. 4TH STREET
PORT ST. JOE, FL 32456

New Mailing Address:

116 SAILORS COVE DRIVE
PORT ST. JOE, FL 32456

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROOM, PAUL W II
206 E. FOURTH STREET
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

GROOM, PAUL W II
116 SAILORS COVE DRIVE
PORT ST. JOE, FL 32456 US

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: PAUL W. GROOM II 01/12/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RISH, RALPH P
Address: 450 BLAKE DRIVE
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D ( ) Delete
Name: RISH, WILLIAM J JR.
Address: 214 GAUTIER MEMORIAL LANE
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete
Name: FAISON, GREGORY B
Address: 433 BUNKERS COVE ROAD
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH P. RISH D 01/12/2006
Electronic Signature of Signing Officer or Director Date