

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003687

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** HERON WALK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

116 SAILORS COVE DRIVE  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

224 7TH STREET  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

116 SAILORS COVE DRIVE  
PORT ST. JOE, FL 32456

**New Mailing Address:**

224 7TH STREET  
PORT ST. JOE, FL 32456

**FEI Number:** 04-3819315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GROOM, PAUL W II  
116 SAILORS COVE DRIVE  
PORT ST. JOE, FL 32456 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: 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: DP (X) Change ( ) Addition  
Name: SCOGGINS, MATTHEW  
Address: 770 HIGHWAY 98  
City-St-Zip: PORT ST. JOE, FL 32465

Title: DV (X) Change ( ) Addition  
Name: LOWRY, BRETT  
Address: 410 16TH STREET  
City-St-Zip: PORT ST. JOE, FL 32456

Title: DST (X) Change ( ) Addition  
Name: RISH, RALPH P  
Address: 450 BLAKE DRIVE  
City-St-Zip: WEWAHITCHKA, FL 32465

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: MATTHEW SCOGGINS

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date