

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003687

FILED
Apr 18, 2008
Secretary of State

Entity Name: HERON WALK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

224 7TH STREET
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

224 7TH STREET
PORT ST. JOE, FL 32456

New Mailing Address:

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: DP () Delete
Name: SCOGGINS, MATTHEW
Address: 770 HIGHWAY 98
City-St-Zip: PORT ST. JOE, FL 32465

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

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

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 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

DP

04/18/2008

Electronic Signature of Signing Officer or Director

Date