

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003687

FILED  
Jan 23, 2009  
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:**

209 7TH STREET  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

224 7TH STREET  
PORT ST. JOE, FL 32456

**New Mailing Address:**

209 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:**

GULF COAST PROPERTY SERVICES, LLC  
209 7TH STREET  
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: GCPS, LLC

01/23/2009

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: D (X) Change ( ) Addition  
Name: SCOGGINS, MATTHEW  
Address: 770 HIGHWAY 98  
City-St-Zip: PORT ST. JOE, FL 32465

Title: D (X) Change ( ) Addition  
Name: MICHAEL, HAMMOND  
Address: PO BOX 5004  
City-St-Zip: WHITE CITY, FL 32465

Title: D (X) Change ( ) Addition  
Name: RISH, WILLIAM J JR.  
Address: 252 MARINA DRIVE  
City-St-Zip: PORT ST. JOE, FL 32456

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: S. NOVAK

CAM

01/23/2009

Electronic Signature of Signing Officer or Director

Date