

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90050 020 ****61.25

DOCUMENT # N05000005647					
1. Entity Name BLUE HERON MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 4782 NE BLUE HERON LN JENSEN BEACH, FL 34957			Mailing Address 4782 NE BLUE HERON LN JENSEN BEACH, FL 34957		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2651301	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORNETT, JANE L ESQUIRE CORNETT, GOOGE, ROSS & EARLE, P.A. 401 E OSCEOLA ST STUART, FL 34995			Name: Street Address (P.O. Box Number is Not Acceptable) City: FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME HEINS, CAROL STREET ADDRESS 4759 NE BLUE HERON LN CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE P NAME Donald Bogart STREET ADDRESS 4783 NE Blue Heron Lane CITY-ST-ZIP Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BEEBE, BERT STREET ADDRESS 4739 NE BLUE MERON CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE T NAME Lynn Bogart STREET ADDRESS 4783 NE Blue Heron Lane CITY-ST-ZIP Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BLACK, MARY STREET ADDRESS 4772 NE BLUE HERON LN CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE S NAME Gayle Ryan STREET ADDRESS 4760 NE Blue Heron Lane CITY-ST-ZIP Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME REISTER, PATRICIA STREET ADDRESS 4748 NE BLUE HERON LN CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE D NAME Allen Doss STREET ADDRESS 4736 NE Blue Heron Lane CITY-ST-ZIP Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ANDERSON, MARIANE STREET ADDRESS 4768 NE BLUE HERON CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-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>Lynn J Bogart</u> <u>Lynn J. Bogart</u> <u>3/6/08</u> <u>772-234-1777</u>					