## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05918

Apr 29, 2006 Secretary of State

Entity Name: HERON WALK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US

**New Mailing Address: Current Mailing Address:** 

215 GRAND BLVD SUITE 200

MIRAMAR BEACH, FL 32550 US

FEI Number: 59-2493303 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DST (X) Change ( ) Addition () Delete GREENE, ED SMITH, LORRAINE Name: Name:

8963 HERON WALK DRIVE Address: 442 OSBORN AVE Address: City-St-Zip: MIRAMAR BEACH, FL 32550 US City-St-Zip: BRICK, NJ 08723 US

Title: Title: ( ) Delete () Change () Addition

HALE, DAVID Name: Name: Address: 7155 HAVERSHIRE COVE Address: City-St-Zip: GERMANTOWN, TN 38138 US City-St-Zip:

Title: () Delete Title: DST (X) Change ( ) Addition

WIRTH, WILLIAM WIRTH, WILLIAM J Name: Name: 5309 EAST COVE 5309 EAST COVE Address: Address: City-St-Zip: MARIETTA, GA 30068 US City-St-Zip: MARIETTA, GA 30068 US

( ) Delete Title: DV Title: () Change () Addition

Name: PARR, TIM Name: 4399 LAURIAN DR Address: Address: City-St-Zip: KENNESAW, GA 30144 US City-St-Zip:

Title: DΡ () Delete Title: (X) Change ( ) Addition

SMITH, LORRAINE Name: Name: JUENGER, RON

492 OSBORN AVE 6 KINGSWOOD RISE OAKFIELD HOUSE Address: Address:

BRICK, NJ 08723 US ENGLEFIELD GREEN SURREY, CA TW20ONG CA City-St-Zip: 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: WILLIAM J WIRTH DST 04/29/2006

Electronic Signature of Signing Officer or Director

Date