

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05918

FILED
Apr 23, 2008
Secretary of State

Entity Name: HERON WALK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-2493303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 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: SMITH, LORRAINE
Address: 442 OSBORN AVE
City-St-Zip: BRICK, NJ 08723 US

Title: D () Delete
Name: HALE, DAVID
Address: 7155 HAVERSHIRE COVE
City-St-Zip: GERMANTOWN, TN 38138 US

Title: DST () Delete
Name: HAUCK, DONNA
Address: 2841 LANDING DR
City-St-Zip: MARIETTA, GA 30066 US

Title: DV () Delete
Name: PARR, TIM
Address: 4399 LAURIAN DR
City-St-Zip: KENNESAW, GA 30144 US

Title: D () Delete
Name: MCEWEN, LINDA
Address: 304 W LOCUST
City-St-Zip: LEE'S SUMMIT, MO 64064 US

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:

Title: DV (X) Change () Addition
Name: PARR, TIM
Address: 310 GOLD MILL TRAIL
City-St-Zip: CANTON, GA 30114 US

Title: D (X) Change () Addition
Name: LARKIN, RICHARD
Address: 129 MILLSTREAM CT
City-St-Zip: CARROLLTON, GA 30117 US

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: DONNA HAUCK

S

04/23/2008

Electronic Signature of Signing Officer or Director

Date