2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05918

FILED Apr 24, 2009 Secretary of State

Entity Name: HERON WALK OWNERS ASSOCIATION, INC.

| | Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|---|---|------------|----------------------------|-----------|---|--|--|
| 215 GRAN SUITE 200 MIRAMAR | | 32550 | US | | | | |
| Current Mailing Address: | | | | | New Mailing Address: | | |
| 215 GRAN SUITE 200 MIRAMAR | | 32550 | US | | | | |
| FEI Number | : 59-2493303 | FEI | Number Applied For () | FEI Num | nber Not App | licable () Certificate of Status Desired () | |
| Name and | d Address of | Curren | t Registered Agent: | | Name and | Address of New Registered Agent: | |
| 215 GRAN SUITE 200 | | 32550 | US | | | | |
| | e named entity e of Florida. | y submit | s this statement for the p | purpose o | f changing i | ts registered office or registered agent, or both, | |
| SIGNATU | RE: | | | | | | |
| | Electro | onic Sig | nature of Registered Ag | ent | | Date | |
| OFFICERS AND DIRECTORS: | | | | | ADDITION | IS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP (SMITH, LORF 442 OSBORN BRICK, NJ 0 | I AVE | | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (HALE, DAVID 7155 HAVER: GERMANTOV | SHIRE CO | DVE | | Title: Name: Address: City-St-Zip: | D (X) Change () Addition GREENWELL, SARAH J 5790 KAYRON DR NE ATLANTA, GA 30328 US | |
| Title: Name: Address: City-St-Zip: | DST (HAUCK, DON 2841 LANDIN MARIETTA, G | IG DR | | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | DV (PARR, TIM | () Delete | | | Title: Name: Address: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | 310 GOLD M CANTON, GA | | | | 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: DONNA HAUCK S 04/24/2009