


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -2 AM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000000958					
1. Entity Name HERON WALK HARBOR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 224 FRANKLIN BLVD. ST. GEORGE ISLAND, FL 32328			Mailing Address 224 FRANKLIN BLVD. ST. GEORGE ISLAND, FL 32328		
2. Principal Place of Business - No P.O. Box # 1235 Miccosukee Rd		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State		4. FEI Number	
Zip 32308		Country USA		11022007 REIN-NP CR2E099 (1/07)	
6. Name and Address of Current Registered Agent MUNROE, WILLIAM B 224 FRANKLIN BLVD. ST. GEORGE ISLAND, FL 32328			7. Name and Address of New Registered Agent		
			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 _____					
FILE NOW!!! FEE IS \$81.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMISTEAD, WALTER J 224 FRANKLIN BLVD. ST. GEORGE ISLAND, FL 32328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500112080435 11/07/07--01040--017 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, JAMES B 1217 MICCOSUKEE RD TALLAHASSEE, FL 32308	<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	D CHEWNING, KIRK M 574 VININGS SPRINGS DR. MABLETON, GA 30126	<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	
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	
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>James B. Floyd</u>			11-2-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		