

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N06000006198

1. Entity Name  
HERON BAYOU HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business  
141 BAYSHORE DR.  
PENSACOLA, FL 32507

Mailing Address  
141 BAYSHORE DR.  
PENSACOLA, FL 32507

**FILED**  
**Jul 30, 2008 08:00 AM**  
**Secretary of State**



07242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5267512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

RICHARDSON, KATHLEEN A  
141 BAYSHORE DR.  
PENSACOLA, FL 32507

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**Filing Fee Is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CLONINGER, CHARLES 9551 DAISY LN. PENSACOLA, FL 32507
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD MURPHY, RALPH 9551 DAISY LN. PENSACOLA, FL 32507
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD RICHARDSON, KATHLEEN 141 BAYSHORE DR. PENSACOLA, FL 32507
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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000000456671  
07/30/08-800002-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Kathleen Richardson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/08  
Date

Daytime Phone #