## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000006198

FILED Jun 24, 2009 Secretary of State

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

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

141 BAYSHORE DR. 4060 BARRANCAS AVE PENSACOLA, FL 32507 PENSACOLA, FL 32507

Current Mailing Address: New Mailing Address:

141 BAYSHORE DR.4060 BARRANCAS AVEPENSACOLA, FL 32507PENSACOLA, FL 32507

FEI Number: 20-5267512 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RICHARDSON, KATHLEEN A

141 BAYSHORE DR.

PENSACOLA, FL 32507 US

HARRISON, CAROL B

4060 BARRANCAS AVE

PENSACOLA, FL 32507 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: CAROL B HARRISON 06/24/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CLONINGER, CHARLES Name: HESS, MARILYN W

 Address:
 9551 DAISY LN.
 Address:
 4060 BARRANCAS AVE

 City-St-Zip:
 PENSACOLA, FL 32507
 City-St-Zip:
 PENSACOLA, FL 32507

Title: VD ( ) Delete Title: VTD (X) Change ( ) Addition Name: MURPHY, RALPH Name: HARRISON, CAROL B

 Name
 Name
 HARRISON, CAROL B

 Address:
 9551 DAISY LN.
 Address:
 4060 BARRANCAS

 City-St-Zip:
 PENSACOLA, FL 32507
 City-St-Zip:
 PENSACOLA, FL 32507

Title: STD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 RICHARDSON, KATHLEEN
 Name:
 KEENAN, SHAWN P

 Address:
 141 BAYSHORE DR.
 Address:
 4060 BARRANCAS AVE

 City-St-Zip:
 PENSACOLA, FL 32507
 City-St-Zip:
 PENSACOLA, FL 32507

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: SHAWN P KEENAN S 06/24/2009