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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90040 021 \*\*\*\*61.25

**DOCUMENT # N44125**

1. Corporation Name

**HERON OAKS OWNERS ASSOCIATION, INC.**

Principal Place of Business

% AMELIA ISLAND COMPANY  
AMELIA ISLAND PLANTATION  
AMELIA ISLAND FL 32034

Mailing Address

% AMELIA ISLAND COMPANY  
AMELIA ISLAND PLANTATION  
AMELIA ISLAND FL 32034



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/28/1991**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-3163676**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HWY  
AMELIA ISLAND FL 32034

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HEALAN, JACK B., JR.  
STREET ADDRESS AMELIA ISLAND PLANTATION  
CITY-ST-ZIP AMELIA ISLAND FL ☒ DELETE

1.1 TITLE PD  
1.2 NAME CONNOLLY, JOHN W.  
1.3 STREET ADDRESS 7602 SAN JOSE BLVD.  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32217 ☐ Change ☒ Addition

TITLE VD  
NAME BRAY, S. NORMAN  
STREET ADDRESS 23 MARSH CREEK RD  
CITY-ST-ZIP AMELIA ISLAND FL ☐ DELETE

2.1 TITLE D  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD  
NAME MOORE, WILLIAM  
STREET ADDRESS 11 MARSH VIEW LANE  
CITY-ST-ZIP FERNANDINA BEACH FL ☒ DELETE

3.1 TITLE VD  
3.2 NAME STEGALL, PATSY  
3.3 STREET ADDRESS 21 HERON OAK COURT  
3.4 CITY-ST-ZIP AMELIA ISLAND, FL 32034 ☐ Change ☒ Addition

TITLE TD  
NAME PALMISANO, LAURA  
STREET ADDRESS AMELIA ISLAND PLANTATION  
CITY-ST-ZIP AMELIA ISLAND FL ☒ DELETE

4.1 TITLE STD  
4.2 NAME COALSON, PETER  
4.3 STREET ADDRESS 524 FIRST ST. N.  
4.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE D  
5.2 NAME HERTWECK, MAX  
5.3 STREET ADDRESS 5 HERON OAKS COURT  
5.4 CITY-ST-ZIP AMELIA ISLAND, FL 32034 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

JOHN CONNOLLY

2/20/99

904/733-6857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/1/98)