

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44125

1. Entity Name

HERON OAKS OWNERS ASSOCIATION, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90077 041 ****61.25

Principal Place of Business

Mailing Address

% AMELIA ISLAND COMPANY
AMELIA ISLAND PLANTATION
AMELIA ISLAND FL 32034

% AMELIA ISLAND COMPANY
AMELIA ISLAND PLANTATION
AMELIA ISLAND FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3163676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY
AMELIA ISLAND FL 32034

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CONNOLLY, JOHN W
STREET ADDRESS 7602 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BRAY, S. NORMAN
STREET ADDRESS 23 MARSH CREEK RD
CITY-ST-ZIP AMELIA ISLAND FL

TITLE D ☐ Change ☒ Addition
NAME ELLIS, ROBERT
STREET ADDRESS 18 HERON OAKS COURT
CITY-ST-ZIP AMELIA ISLAND, FL 32034

TITLE VD ☐ Delete
NAME STEGALL, PATSY
STREET ADDRESS 21 HERON OAK CT
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME COALSON, PETER
STREET ADDRESS 524 FIRST ST N
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HERTWECK, MAX
STREET ADDRESS 5 HERON OAKS CT
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME GENILES, SAM
STREET ADDRESS 163 THORN TREE LANE
CITY-ST-ZIP WINNETKA, IL 60093

12. 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 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:

John Connolly, Jr.

REQUIRED

JOHN CONNOLLY, Jr.

03/14/00

904/261-6157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)