2001 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2001 8:00 am **DOCUMENT # N44125** Secretary of State 1. Entity Name 03-15-2001 90204 002 ****61.25 HERON OAKS OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address % AMELIA ISLAND COMPANY % AMELIA ISLAND COMPANY 633649 AMELIA ISLAND PLANTATION AMELIA ISLAND PLANTATION AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3163676 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND FL 32034 City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE CONNOLLY, JOHN W NAME NAME STREET ADDRESS STREET ADDRESS 7602 SAN JOSE BLVD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32217 Delete TITLE X Change ☐ Addition TITLE ST ELLIS. ROBERT NAME NAME STREET ADDRESS 18 HERON OAKS COURT STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE Delete TITLE ☐ Change - ☐ Addition -STEGALL, PATSY NAME STREET ADDRESS 21 HERON OAK CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AMELIA ISLAND FL 32034 Delete □ Change Addition TITLE TITLE COALSON, PETER NAME NAME MILLER, RICHARD STREET ADDRESS 524 FIRST ST N STREET ADDRESS 8 HERON OAKS COURT CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32250 AMELIA ISLAND, FL 32034 X Delete ☐ Change ☐ Addition TITLE HERTWECK, MAX NAME NAME STREET AODRESS STREET ADDRESS 5 HERON OAKS CT CITY-ST-ZIP CITY-ST-ZIP AMELIA ISLAND FL 32034 ☐ Addition ☐ Delete Change TITLE TITLE NAME GENTLE, SAM NAME STREET ADDRESS STREET ADDRESS **163 THORN TREELANE** CITY-ST-7IP CITY-ST-ZIP WINNETKA IL 60093

I hereby certify that the information supplied with this filling 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:

REQUIOHNAM: CONNOLLY

904-261-6157

FILED