

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N44125**

1. Entity Name

**HERON OAKS OWNERS ASSOCIATION, INC.**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90089 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3163676**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **STD** ☐ Change ☒ Addition  
NAME **CONNOLLY, ANNE**  
STREET ADDRESS **23 HERON OAKS CT**  
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE **ST** ☐ Delete  
NAME **ELLIS, ROBERT**  
STREET ADDRESS **18 HERON OAKS COURT**  
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **V D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition  
NAME **MOSER, WILLIAM**  
STREET ADDRESS **4 HERON OAKS CT**  
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE **D** ☐ Delete  
NAME **MILLER, RICHARD**  
STREET ADDRESS **8 HERON OAKS COURT**  
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **GENTLE, SAM**  
STREET ADDRESS **163 THORN TREELANE**  
CITY-ST-ZIP **WINNETKA IL 60093**

TITLE **D** ☐ Change ☒ Addition  
NAME **STOCKER, ANNETTE**  
STREET ADDRESS **3 HERON OAKS CT**  
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Richard L. Miller* **Richard L. Miller** 3/8/02 904-321-2431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)