


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90063 034 ****61.25

DOCUMENT # N44125 1. Entity 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 Amelia Island Management		3. Mailing Address Amelia Island Mgmt.			
Suite, Apt. #, etc. 3000 First Coast Hwy.		Suite, Apt. #, etc. P.O. Box 3000			
City & State Amelia Island, FL		City & State Amelia Island, FL		4. FEI Number 59-3163676	
Zip 32034		Country 32035		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREGORY, DAVID B 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONNOLLY, ANNE <input checked="" type="checkbox"/> Delete 23 HERON OAKS COURT AMELIA ISLAND, FL 32034		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stocker, James 3 Heron Oaks Court Amelia Island, FL 32034	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input checked="" type="checkbox"/> Delete BORNHOUSER, TOM 2 HERON OAKS AMELIA ISLAND, FL 32034		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stegall, Rodney 21 Heron Oaks Court Amelia Island, FL 32034	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Delete GENTLES, SAM 10 HERON OAKS CT AMELIA ISLAND, FL 32034		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input checked="" type="checkbox"/> Delete REECE, MARTIN 9 HERON OAKS FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ellis, Barbara 18 Heron Oaks Court Amelia Island, FL 32034	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SCHROEDER, SHERRY 13 HERON OAKS FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="float: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: <u>James H. Stocker</u> JAMES STOCKER 2/22/05 904-321-2884 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					