## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50725

Entity Name: BLUE HERON SUBDIVISION, INC.

FILED Sep 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1524 DUANE PALMER BLVD 16073 BRIER CREEK DR

SEBRING, FL 33876 US DELRAY BEACH, FL 334546 US

Current Mailing Address: New Mailing Address:

1524 DUANE PALMER BLVD 16073 BRIER CREEK DR

SEBRING, FL 33876 US DELRAY BEACH, FL 33446 US

FEI Number: 65-0400090 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MIQUEL, GEORGE

1524 DUANE PALMER BLVD

SEBRIING, FL 33876 US

MIQUEL, GEORGE

16073 BRIER CREEK DR

DELRAY BEACH, FL 33446 US

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: GEORGE MIQUEL 09/09/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DP () DeleteTitle:DP (X) Change () AdditionName:MIQUEL, GEORGEName:STOUDENMYER MIQUEL, LORI JAddress:1524 DUANE PALMER BVLDAddress:16073 BRIER CREEK DRCity-St-Zip:SEBRING, FL 33876City-St-Zip:DELRAY BEACH, FL 33446

Title: DVS () Delete Title: DVS (X) Change () Addition Name: MAVIS, RICHARD Name: MIQUE, GEORGE

Address: 2880 N.E. 9TH STREET Address: 16073 BRIER CREEK DR
City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI MIQUEL DP 09/09/2007