

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 SEP 26 PH 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002992

1. Corporation Name

Heronview Owners Association, Inc.

Principal Place of Business

Mailing Address

P.O. Box 56463
Jacksonville, FL 32241-6463
USA

3. Date Incorporated or Qualified
07-06-1993

3a. Date of Last Report
2-15-96

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3192515

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Chris Van Inwagen
5379 Heronview Drive
Jacksonville, FL 32257

81 Name

Judith Ellis

82 Street Address (P.O. Box Number is Not Acceptable)

5304 Rookery Ct.

83

84 City

Jacksonville

FL

85 Zip Code
32257

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Judith Ellis
Signature of registered agent and title if applicable

Judith Ellis

(NOTE: Registered Agent signature required when reinstating)

9-24-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME Judith Ellis
STREET ADDRESS 5304 Rookery Ct.
CITY-ST-ZIP Jacksonville, FL 32257

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME Merle Schiebel
STREET ADDRESS 5372 Heronview Dr.
CITY-ST-ZIP Jacksonville, FL 32257

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME Ralph Nicewonger
STREET ADDRESS 5361 Grey Heron Ln.
CITY-ST-ZIP Jacksonville, FL 32257

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME Dusty Vitalic
STREET ADDRESS 5360 Heronview Dr.
CITY-ST-ZIP Jacksonville, FL 32257

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judith Ellis

Judith Ellis

9-24-97

(904) 262-0873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)