

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002992

1. Entity Name

HERONVIEW OWNERS ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90045 021 ****61.25

Principal Place of Business

P.O. BOX 56463
JACKSONVILLE FL 32241-6463
US

Mailing Address

P.O. BOX 56463
JACKSONVILLE FL 32241-6463
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3192515

Applied For

Not Applicable

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

ELLIS, JUDITH
5304 ROOKERY CT
JACKSONVILLE FL 32257

Name

FRANCIS NERF

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

5344 ROOKERY CT

City

JACKSONVILLE

FL

Zip Code

32257

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

Francis Nurf TREASURER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/2000

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 ELLIS, JUDITH
STREET ADDRESS 5304 ROOKERY CT
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE PD PRESIDENT ☒ Change ☒ Addition
NAME KEITH STAYER
STREET ADDRESS 5317 HERONVIEW DR
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VD ☐ Delete
NAME NERF, FRANCIS
STREET ADDRESS 5344 ROOKERY CT
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE TREASURER ☒ Change ☐ Addition
NAME FRANCIS NERF
STREET ADDRESS 5344 ROOKERY CT
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE SD ☒ Delete
NAME NICEWONGER, RALPH
STREET ADDRESS 5361 GREY HERON LN
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME CAROL TAYLOR
STREET ADDRESS 5301 HERONVIEW DR
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE TD ☒ Delete
NAME SCHELLENBERG, MATT
STREET ADDRESS 5324 HERONVIEW DR
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE JIM JONES - AT LARGE ☒ Change ☒ Addition
NAME
STREET ADDRESS 5323 HERONVIEW DR
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D ☐ Delete
NAME TAYLOR, CAROL
STREET ADDRESS 5301 HERONVIEW DR
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE SECRETARY ☒ Change ☒ Addition
NAME KAREN STERMAN (STERMAN)
STREET ADDRESS 5306 HERONVIEW DR
CITY-ST-ZIP JACKSONVILLE FL 32257

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:

Francis Nurf TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000
Date

260-8144
Daytime Phone #

CR2E037 (9/99)