2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90280 023 ****61.25

DOCUMENT # N93000002992

1. Entity Name

HERONVIEW OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 56463 JACKSONVILLE FL 32241-6463 US	P.O. BOX 56463 JACKSONVILLE FL 32241-6463 US

DO NOT WRITE IN THIS SPACE

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

NERF, FRANCIS
5344 ROOKERY CT
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

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 Francis Nerf TREASURER FRANCIS NERF 1-26-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~ELLIS, JUDITH~~ ~~5304 ROOKERY CT~~ ~~JACKSONVILLE FL 32257~~	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STAYER, KEITH PD 5317 HERONVIEW DR JACKSONVILLE, FL 32257	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ NERF, FRANCIS 5344 ROOKERY CT JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~N~~NERF, FRANCIS 5344 ROOKERY CT JAX FL 32257	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~NICEWONGER, RALPH~~ ~~5861 GREY HERON LN~~ ~~JACKSONVILLE FL 32257~~	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STERNMAN, KAREN 5306 HERONVIEW DR JAX FL 32257	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~SCHELLENBERG, MATT~~ ~~5324 HERONVIEW DR~~ ~~JACKSONVILLE FL 32257~~	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, JIM 5323 HERONVIEW DR JAX FL 32257	■ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~TAYLOR, CAROL~~ ~~5301 HERONVIEW DR~~ ~~JACKSONVILLE FL 32257~~	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBIN BENOIT 5307 ROOKERY CT JAX FL 32257	■ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: ~~SIGNATURE~~ REQUIRED 1/26/02 (904) 251-6519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #