

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90025 008 \*\*\*\*61.25

<b>DOCUMENT # N93000002992</b> 1. Entity Name <b>HERONVIEW OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 56463 JACKSONVILLE, FL 32241-6463 US</b>			Mailing Address <b>P.O. BOX 56463 JACKSONVILLE, FL 32241-6463 US</b>		
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 <b>59-3192515</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NERF, FRANCIS</b> <b>5344 ROOKERY CT</b> <b>JACKSONVILLE, FL 32257</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
Ralph Nicewonger 5361 Grey Heron Ln. Jacksonville, FL 32257-3725			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Ralph Nicewonger</i> <span style="float: right;">Pd 3-22-04 Chub #168 3-22-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCIANDRA, BERNADETTE</b>		NAME		
STREET ADDRESS	<b>5385 HERONVIEW CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NERF, FRANCIS</b>		NAME	<b>Ralph Nicewonger</b>	
STREET ADDRESS	<b>5344 ROOKERY CT</b>		STREET ADDRESS	<b>5361 Grey Heron Ln.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>		CITY-ST-ZIP	<b>Jacksonville, FL 32257-3725</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>O'CONNOR, LINDA</b>		NAME		
STREET ADDRESS	<b>5398 HERONVIEW CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RUBIN, MADELYN</b>		NAME		
STREET ADDRESS	<b>5318 HERONVIEW DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BENOIT, ROBIN</b>		NAME		
STREET ADDRESS	<b>5307 RFOOKERY CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Ralph Nicewonger</i> <b>Ralph Nicewonger</b> <span style="float: right;">3-22-04 904-737-7327</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					