


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90158 033 ****61.25

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|---|--|--|--|---|--|
| DOCUMENT # N93000002992 1. Entity Name HERONVIEW OWNERS ASSOCIATION, INC. | | | | 20050410  | |
| 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 Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3192515 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NICEWONGER, RALPH 5361 GREY HERON LN JACKSONVILLE, FL 32257-3725 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCIANDRA, BERNADETTE 5385 HERONVIEW CT. JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Sciandra, Bernadette ← (same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NICEWONGER, RALPH 5361 GREY HERON LN JACKSONVILLE, FL 322573725 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Nicewonger, Ralph ← (same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD O'CONNOR, LINDA 5398 HERONVIEW CT. JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'Conner, Linda ← (same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUBIN, MADELYN 5318 HERONVIEW DR. JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/b Taylor, Carol H. 5301 Heronview Drive Jacksonville, FL 32257 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BENOIT, ROBIN 5307 RFOOKERY CT. JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/b Cunningham, Mitch 5304 Rookery Court Jacksonville, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/b Rieder, Valli 5317 Heronview Drive Jacksonville, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (see Attached sheet) | |
| 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: <i>Judith A. Ponciano</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Judith A. Ponciano 4/8/05 <small>Date</small> | | |
| 904-880-9812 <small>Daytime Phone #</small> | | | | | |

ATTACHMENT

20030218

N93000002992

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Ponciano, Judith A.
5386 Heronview Drive
Jacksonville, FL 32257

D Patel, Jayendra
5343 Rookery Court
Jacksonville, FL 32257