

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90015 013 ****61.25

DOCUMENT # N93000002992 1. Entity Name HERONVIEW OWNERS ASSOCIATION, INC.					
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		

01312006 Chg-NP		CR2E037 (11/05)	
4. FEI Number 59-3192515		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NICEWONGER, RALPH 5361 GREY HERON LN JACKSONVILLE, FL 32257-3725		Name <u>Judith A. Ponciano</u> Street Address (P.O. Box Number is Not Acceptable) <u>5386 Heronview Drive</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32257</u>	

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 Judith A. Ponciano - Treasurer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/1/06
DATE

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																															
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Judith A. Ponciano Judith A. Ponciano

2/1/06 904-880-9812
Date Daytime Phone #