


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90026 030 ****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 - No P.O. Box # 5386 Heronview Dr		3. Mailing Address Suite, Apt. #, etc. Jacksonville, FL 32257			
City & State Jacksonville, FL		City & State Jacksonville, FL		03102007 Chg-NP CR2E037 (12/06)	
Zip 32257		Country US		4. FEI Number 59-3192515	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PONCIANO, JUDITH A 5386 HERONVIEW DRIVE 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. 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, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSSELLWHITE, ROBERT 5307 GREY HERON LANE JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICEWONGER, RALPH 5361 GREY HERON LN JACKSONVILLE, FL 322573725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREHOUSE, RICHARD 5309 HERONVIEW DRIVE JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(T/D) PONCIANO, JUDITH <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5386 HERONVIEW DRIVE JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELL, GEORGE 5322 ROOKERY COURT JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) HWANG, MICHELLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5366 Grey Heron Lane Jacksonville, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TAYLOR, CAROL H 5301 HERONVIEW DRIVE JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D RIEDER, VALLI 5317 HERONVIEW DRIVE JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Judith A. Ponciano</i>			Treasurer Judith A. Ponciano 3/11/07 (904) 880-9812		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		