


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90057 001 ****70.00

DOCUMENT # N94000004580					
1. Entity Name BLUE HERON HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business BLUE HERON HOME OWNERS ASSC., INC. 229-9 ST NORTH ST. PETERSBURG, FL 33701 US			Mailing Address BLUE HERON HOME OWNERS ASSC., INC. P.O. BOX 36 TERRA CEIA, FL 34250 US		
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 NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KENT, LEWIS 299-9 ST. NORTH SAINT PETERSBURG, FL 33701			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) DATE _____</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENT, LEWIS H <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	61 ISLAND CT		STREET ADDRESS		
CITY-ST-ZIP	TERRA CEIA, FL 34250		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENT, RUTH D		NAME		
STREET ADDRESS	61 ISLAND CT.		STREET ADDRESS		
CITY-ST-ZIP	TERRA CEIA, FL 34250		CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOYLE, GERALD		NAME	VD	
STREET ADDRESS	13 82ND AVENUE		STREET ADDRESS	Pizano, David	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		CITY-ST-ZIP	50 ISLAND CT.	
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, JANE		NAME		
STREET ADDRESS	418 1ST AVENUE EAST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAHAM, GARRIS		NAME		
STREET ADDRESS	PO BOX 282, 31 ISLAND CT.		STREET ADDRESS		
CITY-ST-ZIP	TERRA CEIA, FL 34250		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D-AT	
STREET ADDRESS			STREET ADDRESS	WYATT, LORI	
CITY-ST-ZIP			CITY-ST-ZIP	30 ISLAND COURT	
			TERRA CEIA, FL 34250		
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: <u>Lewis H Kent Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/7/05</u> <u>941-7225402</u> <small>Date Daytime Phone #</small>		