

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90414 038 ****70.00

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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

40071010



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KENT, LEWIS
299-9 ST. NORTH
SAINT PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KENT, LEWIS H
61 ISLAND CT
TERRA CEIA, FL 34250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
KENT, RUTH D
61 ISLAND CT.
TERRA CEIA, FL 34250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PIZANO, DAVID
50 ISLAND CT
TERRA CEIA, FL 34250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
OLSON, LARS
POB 28; 10 Island Ct
TERRA CEIA, FL 34250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAT
WYATT, LORI
30 ISLAND COURT
TERRA CEIA, FL 34250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Thomas, Brian
POB 28; 10 Island Ct.
Terra Ceia, Florida 34250

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IN THIS SPACE**

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:

Ruth D. Kent **Ruth D. Kent DT**

4/17/2007

941-722-5402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #