


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE

02222008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KENT, LEWIS
289-8 ST. NORTH
SAINT PETERSBURG, FL 33701**

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE DP	KENT, LEWIS H 61 ISLAND CT TERRA CEIA, FL 34250
TITLE DT	KENT, RUTH D 61 ISLAND CT. TERRA CEIA, FL 34250
TITLE VD	PIZANO, DAVID 50 ISLAND CT TERRA CEIA, FL 34250
TITLE DS	THOMAS, KIMBERLEE POB 28; 10 ISLAND CT TERRA CEIA, FL 34250
TITLE DAT	WYATT, LORI 30 ISLAND COURT TERRA CEIA, FL 34250
TITLE D	THOMAS, BRIAN POB 28; 10 ILAND CT. TERRA CEIA, FL 34250

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03/11/08-80001-013 70:00

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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: *Lewie H Kent Pres* 2/24/08 991-7225402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #