

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90020 003 ****61.25

DOCUMENT # N95000001073

1. Entity Name
BLUE HERON PINES HOMEOWNERS ASSOCIATION INC.



Principal Place of Business
**29200 S. JONES LOOP ROAD
LOT 327
PUNTA GORDA, FL 33950 US**

Mailing Address
**29200 S. JONES LOOP ROAD
LOT 327
PUNTA GORDA, FL 33950 US**



2. Principal Place of Business

**29200 S. JONES Loop RD
Suite, Apt. #, etc. #327**

3. Mailing Address

**29200 S. JONES Loop RD
Suite, Apt. #, etc. #583**

01282004

Chg-NP

CR2E037 (10/03)

City & State

**Punta Gorda, FL
Zip 33950 Country US**

City & State

**Punta Gorda, FL
Zip 33950 Country US**

4. FEI Number
65-0739191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROYDS, LOU
29200 JONES LOOP ROAD
LOT 327
PUNTA GORDA, FL 33950**

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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **WEBSTER, BILL**
STREET ADDRESS **29200-17 JOPNES LOOP RD**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **T** ☐ Delete
NAME **ENRIGHT, ED**
STREET ADDRESS **29200-583 JONES LOOP RD**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **VP** ☒ Delete
NAME **MILLER, REX**
STREET ADDRESS **29200-188 JONES LOOP ROAD**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **S** ☐ Delete
NAME **HULL, KATHY**
STREET ADDRESS **29200-577 JONES LOOP RD**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☐ Delete
NAME **TROWBRIDGE, DON**
STREET ADDRESS **28200-18 S. JONES LOOP RD.**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☒ Delete
NAME **MELANSON, LEN**
STREET ADDRESS **29200-330 JONES LOOP RD**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **JIM SIEVERT**
STREET ADDRESS **29200 - 590 JONES Loop RD**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **VP** ☒ Change ☐ Addition
NAME **BOB KARKOVIC**
STREET ADDRESS **29200 - 305 JONES Loop RD**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☒ Change ☐ Addition
NAME **HAROLD PETRAK**
STREET ADDRESS **29200 - 312 JONES Loop RD**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

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: ED J ENRIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TREASURER

941-505

2/16/04 7652