

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000725

FILED
Mar 02, 2009
Secretary of State

Entity Name: HERON'S WALK OF PERDIDO HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

14508 PERDIDO KEY DRIVE
PENSACOLA, FL 325074467 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 34467
PENSACOLA, FL 32507 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERIS, GRACE K
14508 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: JONES, JACKIE
Address: 209 FACTORY RD
City-St-Zip: JACKSON, MS 39201

Title: VP () Delete
Name: ANDERSON, WILLIAM
Address: 942 NAUTILUS CIR.
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: GALLUP, PATRICIA
Address: 936 NAUTILUS CR.
City-St-Zip: PENSACOLA, FL 32507

Title: DP () Delete
Name: RYBA, STAN
Address: 335 BATTEN BLVD.
City-St-Zip: PENSACOLA, FL 32507

Title: DS () Delete
Name: WILLIAMS, ROSEANNE
Address: 836 SAILFISH COURT
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: ADKINS, JUDY
Address: 325 N 62ND AVE
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: JONES, JACKIE
Address: 209 FACTORY RD
City-St-Zip: JACKSON, MS 39201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: WILLIAMS, ROSANNE
Address: 836 SAILFISH CT.
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change () Addition
Name: ROCLEVITCH, SYLVIA
Address: 856 SAILFISH CT
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE K. ERIS

RA

03/02/2009

Electronic Signature of Signing Officer or Director

Date