2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N96000002094

Entity Name: GULF COAST HERON HOUSING, INC.

Current Principal Place of Business:

5108 EAST MISSION HILLS DRIVE
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

14041 ICOT BLVD.
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-3386553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BERNSTEIN, MICHAEL
14041 ICOT BLVD.
CLEARWATER, FL 33760 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:	C	( ) Delete
Name:	ENGELHARDT, MARK MR.	
Address:	13301 BRUCE B DOWNS BLVD., BLDG. MHC-2737	
City-St-Zip:	TAMPA, FL 33612	
Title:	D	( ) Delete
Name:	DIANA, ROBERTSON	
Address:	14041 ICOT BLVD.	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	D	( ) Delete
Name:	KELLY, MAUREEN MS.	
Address:	5911 BRECKENRIDGE PKWY., #B	
City-St-Zip:	TAMPA, FL 33610	
Title:	S	( ) Delete
Name:	EDI, ERB MRS.	
Address:	2105 N. NEBRASKA AVE.	
City-St-Zip:	TAMPA, FL 33602	
Title:	VC	( ) Delete
Name:	BARNA, PENNY DR.	
Address:	916 CYPRESS LAKES BLVD.	
City-St-Zip:	TARPON SPRINGS, FL 34688	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DUBUC, PAULA	
Address:	14041 ICOT BLVD.	
City-St-Zip:	CLEARWATER, FL 33760	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: PAULA DUBUC D 03/31/2009
Electronic Signature of Signing Officer or Director — Date