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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001007 (0)**

1. Corporation Name

BLUE HERON BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2575 U.S. HIGHWAY 27 NORTH
HAINES CITY FL 33844-2873**

**2575 U.S. HIGHWAY 27 NORTH
HAINES CITY FL 33844-2873**

3. Date Incorporated or Qualified

02/19/1997

4. FEI Number

59-3431440

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLING, LEE J ESO
500 NORTH MAITLAND AVENUE
SUITE 203
MAITLAND FL 32751**

81 Name

Resnick, Michael L., Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

1342 E. Vine Street

83

Suite 236

84 City

Kissimmee,

FL

85 Zip Code

34744

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/98

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BOVEE, NANCY
STREET ADDRESS	2575 U.S. HIGHWAY 27 NORTH #123
CITY-ST-ZIP	HAINES CITY FL 33844-2873
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DENMAN, BOB
STREET ADDRESS	2575 U.S. HIGHWAY 27 NORTH #226
CITY-ST-ZIP	HAINES CITY FL 33844-2873
TITLE	D <input type="checkbox"/> DELETE
NAME	STEINMETZ, ORVILLE
STREET ADDRESS	2575 U.S. HIGHWAY 27 NORTH #195
CITY-ST-ZIP	HAINES CITY FL 33844-2873
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	JANCARIC, GEORGINE
STREET ADDRESS	2575 U.S. HIGHWAY 27 NORTH #181
CITY-ST-ZIP	HAINES CITY FL 33844-2873
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MOODY, BILL
STREET ADDRESS	2575 U.S. HIGHWAY 27 NORTH #178
CITY-ST-ZIP	HAINES CITY FL 33844-2873
TITLE	Director <input checked="" type="checkbox"/> DELETE
NAME	Jacob Schilling
STREET ADDRESS	2575 Hwy 27N #43
CITY-ST-ZIP	Haines City, FL 33844

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Kubacki
1.3 STREET ADDRESS	2575 Hwy 27N #198
1.4 CITY-ST-ZIP	Haines City, FL 33844
2.1 TITLE	Vice-President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Art Siegel
2.3 STREET ADDRESS	2575 Hwy 27N #130
2.4 CITY-ST-ZIP	Haines City, FL 33844
3.1 TITLE	Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Berkley Corson
3.3 STREET ADDRESS	2575 Hwy 27N #171
3.4 CITY-ST-ZIP	Haines City, FL 33844
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Al Baum
4.3 STREET ADDRESS	2575 Hwy 27N #130
4.4 CITY-ST-ZIP	Haines City, FL 33844
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Audrey Turner
5.3 STREET ADDRESS	2575 Hwy 27N #74
5.4 CITY-ST-ZIP	Haines City, FL 33844
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Art Siegel

4/1/98

941 422-4669

CR2E037 (10/97)