

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90126 027 \*\*\*\*61.25

DOCUMENT # **N97000001007**

1. Corporation Name

**BLUE HERON BAY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2575 U.S. HWY 27N  
HAINES CITY, FL  
33844-2873**

**2575 U.S. HWY. 27N  
HAINES CITY, FL  
33844-2873**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

**2/19/97**

4. FEI Number

**59-3431440**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RESNICK MICHAEL L.E.  
1342 E. VINE ST  
STE 238  
KISSIMMEE, FL 34744**

81 Name

**Michael L. Resnick**

82 Street Address

**1342 E. Vine Street**

83

**Suite 238**

84 City

**Kissimmee, Florida 34744**

**FL** Zip Code

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/18/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>RD)</b>	<input type="checkbox"/> DELETE
NAME	<b>KRBACKI, DAVID</b>	
STREET ADDRESS	<b>2575 HWY 27N #195</b>	
CITY-ST-ZIP	<b>HAINES CITY, FL 33844-2873</b>	
TITLE	<b>VND)</b>	<input type="checkbox"/> DELETE
NAME	<b>SIEGEL, ART</b>	
STREET ADDRESS	<b>2575 HWY 27N #130</b>	
CITY-ST-ZIP	<b>HAINES CITY, FL 33844-2873</b>	
TITLE	<b>SECRETARY (D)</b>	<input type="checkbox"/> DELETE
NAME	<b>JAN CARIE-GEORGENE</b>	
STREET ADDRESS	<b>2575 HWY 27N #181</b>	
CITY-ST-ZIP	<b>HAINES CITY, FL 33844-2873</b>	
TITLE	<b>TREASURER (D)</b>	<input type="checkbox"/> DELETE
NAME	<b>BORDON, BERKLEY</b>	
STREET ADDRESS	<b>2575 HWY 27N #171</b>	
CITY-ST-ZIP	<b>HAINES CITY, FL 33844-2873</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>BAUM, AL (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>2575 HWY 27N #139</b>	
1.3 STREET ADDRESS	<b>HAINES CITY, FL 33844-2873</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>BOVER, NANCY (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>2575 HWY 27N #123</b>	
2.3 STREET ADDRESS	<b>HAINES CITY, FL 33844-2873</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>SCHILTING, JACOB (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>2575 HWY 27N #43</b>	
3.3 STREET ADDRESS	<b>HAINES CITY, FL 33844-2873</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>TURNER, ANDREY (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>2575 HWY 27N #74</b>	
4.3 STREET ADDRESS	<b>HAINES CITY, FL 33844-2873</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>STEINMETZ, ORVAL (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>2575 HWY 27N #195</b>	
5.3 STREET ADDRESS	<b>HAINES CITY, FL 33844-2873</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input 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, with all other like empowered.

SIGNATURE: **GEORGENE M. JAN CARIE** **3/22/99** **941-422-2816**  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)