2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N 9700000 1007 Jul 19, 2000 8:00 am 1. Entity Name Blue Heron Bay Homeowners Association, Inc. **Secretary of State** 07-19-2000 90002 021 ****61.25 Principal Place of Business 2575 U.S. Highway 27 North 2575 U.S. Hwy 27 Mode Haines City, Fl. 33844. Haines City, Fl. 33844-00068676 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent hearrick, Michael LE Street Address (P.O. Box Number is Not Acceptable) 1342 E. Vine St. STĒ 234 Zip Code issimmEE, FL. 34744 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. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change Addition TITLE TITLE Delete BODEE, NANCY 2575 HWY 27N # 123 KUBACKI, DAVIO NAME NAME 2575 HWY 27 N 193 STREET ADDRESS STREET ADDRESS HAINES CITY, FL 33844-2813 CITY-ST-ZIP HAINES CITY FL 33844-2873 CITY-ST-ZIP S, D JENKINS, BONNIE VP.T. D Addition ☐ Delete TITLE Change SIEGEL, ART NAME NAMÉ 2575 HWY 27 N # 197 2575 HWY 27 N #130 STREET ADDRESS STREET ADDRESS HAINES CITY FL 33844-2873 CITY-ST-ZIP CITY-ST-ZIP HAINES CTTY FL 33844-2873 TITLE ☐ Delete TITLE ☐ Change ★ Addition STEIN METZ, ORUAL GAKLARDO, TONY NAME NAME 2575 HWY 27 N # 195 2575 HWY 27N #169 STREET ADORESS STREET ADDRESS HAINES CITY FL 33844-2873 CITY-ST-ZIP HAINES CITY FL 33844-2873 CITY-ST-ZIP Delete ☐ Change **★** Addition TITLE JANCARIC, GEORGINE MCCARTHY, PATRICK NAME NAME 2575 HWY 27 N. 4181 2575 HW Y 27 N # 122 STREET ADDRESS STREET ADDRESS HAINES GITY, FL 33844-2873 CITY-ST-7IP HAINES CITY FL 33844-2873 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE TURNER, AUDREY NAME NAME 2575 HWY2710 474 STREET ADDRESS STREET ADDRESS HAINES CITY, FL. 33844-2873 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE SCHILLING, JACOB NAME NAME 2575 HWY27 N. #43 STREET ADDRESS STREET ADDRESS HAINES CITY, FL 33844-2873 CITY-ST-ZIP CITY-ST-ZIP 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 path; 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the receiver as required by Chapter 617, Florida Statutes; and the receiver as required by Chapter 617, Florida Statutes; and the receiver as required by Chapter 617, Florida Statutes; and the receiver as required by Chapter 617, Florida Statutes; and the receiver as required by Chapter 617, Florida Statutes; and the receiver as required by Chapter 617, Florida Statutes; and the receiver as required by Chapter 617, Florida Statutes; and the receiver as required by Chapter 617, Florida Statutes; and the receiver as required by Chapter 617, Florida Statutes; and the receiver as required by Chapter 617, Florida Statutes; and the receiver as required by Chapter 617, Florida Statutes; and the receiver as required by Chapter 617, Florida Statutes; and the receiver florida Statutes for the receiver florida Statutes for the receiver florida Statutes florida Statu

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changed, or on an attachment with an address, with all other like empowered.

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Date 19, 200 (8/5)547-86/16

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Principal Place of Business Mailing Address											
2575 U.S. HIGHWAY 27 NORTH HAINES CITY FL 33844-2873 2. Principal Place of Business			2575 U.S. HIGHWAY 27 NORTH HAINES CITY FL 33844-2332 3. Mailing Address				~4				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		· · · · · · ·			DO NOT WR	TE IN THIS	SPACE	
City & State			City & State				4. FEI Number Applied For Not Applied For				
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<u></u>	5. Name and A	ddress of Current R	legistered Agent		be rese	ا المناخ موجود	-7. Name an	d Address of New I	Registered .		
					Name				. <u></u>		
RESNICK, MICHAEL L. E 1342 E VINE ST STE 236 KISSIMMEE FL 34744				Street A	ddress (P.	O. Box Numb	er is Not Acceptable	9)			
				City			FL		Zip Cor	de	
8. The above	named entity subm	nits this statement for	the purpose of changing	g its register	ed office o	r registere	d agent, or be	oth, in the state of F	orida.		
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	Signature, typed or printed	d name of registered agent an	nd title if applicable.	(NOTE: Registers	d Agent signal	ture required v	vhen reinstating)	The secretary description	DATE	\$25 PM PM PM PM	AD SOLD TO FORM
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