

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006267**

1. Entity Name

THE HERON'S FOREST PROPERTY OWNERS ASSOCIATION,

Principal Place of Business

**17 S. PALAFOX, STE. 394
PENSACOLA FL 32582**

Mailing Address

**P.O. BOX 12358
PENSACOLA FL 32582**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3494669

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALTON, GARRETT W
17 S. PALAFOX, STE. 394
PENSACOLA FL 32582**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPT	☐ Delete
NAME	BAKER, RICHARD R	
STREET ADDRESS	17 S. PALAFOX, STE. 394	
CITY-ST-ZIP	PENSACOLA FL 32582	

TITLE	DSV	☐ Delete
NAME	WALTON, GARRETT W	
STREET ADDRESS	17 S. PALAFOX, STE. 394	
CITY-ST-ZIP	PENSACOLA FL 32582	

TITLE	D	☐ Delete
NAME	JERNIGAN, JENNIFER J	
STREET ADDRESS	17 S. PALAFOX, STE. 394	
CITY-ST-ZIP	PENSACOLA FL 32582	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Richard R. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90040 003 ****61.25

623448

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)