


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90236 010 \*\*\*\*70.00

<b>DOCUMENT # N98000002458</b>			
1. Entity Name HERON'S WATCH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business THE ASSOCIATION OFFICE 7 TOWN CENTER LOOP C-16 SANTA ROSA BEACH, FL 32459		Mailing Address P.O. BOX 1247 SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Zip		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COFFIELD, P C 1719 S. COUNTY HIGHWAY 393 SANTA ROSA BEACH, FL 32459		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMAS, MARY J P.O. BOX 1832 SANTA ROSA BEACH, FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HAROLD 168 LAKE POINTE SANTA ROSA BEACH FLORIDA 32459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUNK, VICTORIA 34 HERON'S WATCH UNIT #2203 SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNK, VICTORIA 34 HERON'S WATCH UNIT #2203 SANTA ROSA BEACH FLORIDA 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUSH, MORRIS C 148 ALLEN LAKESHORE DR SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUSH, MORRIS C 148 ALLEN LAKESHORE DRIVE SANTA ROSA BEACH FLORIDA 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADSOUR, LAURA M 34 HERON'S WATCH WY. #5101 SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANSOUR, LAURA M 34 HERON'S WATCH WAY #5101 SANTA ROSA BEACH FLORIDA 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERLAIN, RICHARD 3984 ALSTON WY BIRMINGHAM, AL 35242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAMBERLAIN, RICHARD 3984 ALSTON WAY BIRMINGHAM ALABAMA 35242 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Laura M. Mansour</u>		Date: <u>4/24/07</u> Daytime Phone #: <u>850-225-9777</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	