


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 08:00 AM
Secretary of State

DOCUMENT # K98000002732	
1. Entity Name NIGHT HERON POINT HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 573 RUSKIN, FL 33575	Mailing Address P.O. BOX 573 RUSKIN, FL 33575
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DO NOT WRITE IN THIS SPACE



08072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0934814	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HECKEL, RICK 402 INLET RD. RUSKIN, FL 33570	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECKEL, RICK P.O. BOX 573 RUSKIN, FL 33575
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWOOD, JUDY P.O. BOX 573 RUSKIN, FL 33575
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITING, MARJORIE P.O. BOX 573 RUSKIN, FL 33575
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UN00000376562
08/17/05-80002-003 61.25

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: 	8/8/05	991-351-4727
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>