

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90419 003 ****61.25

DOCUMENT # N98000002732

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**

50013187



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-0934814

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HECKEL, RICK
402 INLET RD.
RUSKIN, FL 33570**

Name **Wayne Whiting**
Street Address (P.O. Box Number is Not Acceptable)

404 Inlet Rd

City **Ruskin**

FL

Zip Code
33570

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 **WAYNE WHITING**
Signature, typed or printed name of registered agent and title if applicable.

Wayne Whiting
(NOTE: Registered Agent signature required when registering)

4-12-06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 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 **D** ☒ Delete
NAME **HECKEL, RICK**
STREET ADDRESS **P.O. BOX 573**
CITY-ST-ZIP **RUSKIN, FL 33575**

TITLE **D** ☐ Change ☒ Addition
NAME **Barbara Heckel**
STREET ADDRESS **P.O. Box 573**
CITY-ST-ZIP **Ruskin, FL 33575**

TITLE **D** ☒ Delete
NAME **ATWOOD, JUDY**
STREET ADDRESS **P.O. BOX 573**
CITY-ST-ZIP **RUSKIN, FL 33575**

TITLE **D** ☐ Change ☒ Addition
NAME **Wayne Whiting**
STREET ADDRESS **P.O. Box 573**
CITY-ST-ZIP **Ruskin, FL 33575**

TITLE **D** ☐ Delete
NAME **WHITING, MARJORIE**
STREET ADDRESS **P.O. BOX 573**
CITY-ST-ZIP **RUSKIN, FL 33575**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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 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: **WAYNE WHITING**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06
Date

813-645-7930
Daytime Phone #