2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002732

FILED Mar 06, 2009 Secretary of State

Entity Name: NIGHT HERON POINT HOMEOWNERS ASSOCIATION, INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:
P.O. BOX RUSKIN, F	573 FL 33575	404 INLET RD RUSKIN, FL 33575
urrent M	lailing Address:	New Mailing Address:
P.O. BOX RUSKIN, F	573 FL 33575	
El Number:	: 59-0934814 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
lame and	l Address of Current Registered Agent	:: Name and Address of New Registered Agent:
04 INLEŤ RUSKIN, F	FL 33570 US	
04 INLEŤ RUSKIN, F	RD FL 33570 US	the purpose of changing its registered office or registered agent, or both,
04 INLEŤ RUSKIN, F	RD FL 33570 US named entity submits this statement for t e of Florida.	the purpose of changing its registered office or registered agent, or both,
04 INLET RUSKIN, F The above on the State	RD FL 33570 US named entity submits this statement for t e of Florida.	
04 INLET RUSKIN, F The above In the State BIGNATUR	RD FL 33570 US e named entity submits this statement for telepistes. e of Florida. RE:	
04 INLET RUSKIN, F The above In the State BIGNATUR	RD FL 33570 US e named entity submits this statement for tele of Florida. RE: Electronic Signature of Registered	Agent Date
04 INLET RUSKIN, F The above the State SIGNATUF OFFICERS title: lame: ddress:	RD FL 33570 US named entity submits this statement for te of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: D () Delete HECKEL, BARBARA P.O. BOX 573	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE WHITING D 03/06/2009