


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90162 034 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000022457
 1. Corporation Name
COMMUNITY BLUE HERON PINES CORPORATION



Principal Place of Business Mailing Address

2637 MCCORMICK DRIVE 2637 MCCORMICK DRIVE
 SUITE B SUITE B
 CLEARWATER FL 34619 CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **2 Pond's Edge Drive** 26 **P.O. Box 999**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **Chadds Ford, PA** 28 **Chadds Ford, PA**

Zip Country Zip Country

24 **19317** 25 **USA** 29 **19317** 30 **USA**

3. Date Incorporated or Qualified
03/10/1998

4. FEI Number Applied For

58-2426222 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

GAYNOR, JOSEPH W ESQ.
2637 MCCORMICK DRIVE
SUITE B
CLEARWATER FL 34619 33759

10. Name and Address of New Registered Agent

81 Name

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

83

84 City 85 Zip Code

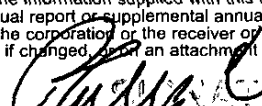
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/T/D Joseph W. Gaynor
STREET ADDRESS		1.3 STREET ADDRESS	2637 McCormick Drive, Ste. B
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V/D Phillip C. Giovinco
STREET ADDRESS		2.3 STREET ADDRESS	2 Pond's Edge Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Chadds Ford, PA 19317
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D Scott W. Schewe
STREET ADDRESS		3.3 STREET ADDRESS	3340 Peachtree Road, NE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	S Janet L. Johnson
STREET ADDRESS		4.3 STREET ADDRESS	2 Pond's Edge Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Chadds Ford, PA 19317
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address, with all other like empowered.

SIGNATURE:  **Phillip C. Giovinco** **APR 15 1999** **(610) 388-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (1/198)