

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44125

Entity Name: HERON OAKS OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5440 FIRST COAST HWY
AMELIA ISLAND, FL 32034**Current Mailing Address:**C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
AMELIA ISLAND, FL 32034 US**FEI Number:** 59-3163676**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAMBIASE, NICHOLAS JR.
5440 FIRST COAST HWY.
AMELIA ISLAND, FL 32034 US*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.***SIGNATURE:** NICHOLAS LAMBIASE, JR.

02/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	MOSER, BILL
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY.
City-State-Zip:	AMELIA ISLAND FL 32034

Title	VPD
Name	GILES, PENNY
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY.
City-State-Zip:	AMELIA ISLAND FL 32034

Title	STD
Name	PLOSSER, CHARLES
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY.
City-State-Zip:	AMELIA ISLAND FL 32034

Title	D
Name	SMITH, TERESA
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY.
City-State-Zip:	AMELIA ISLAND FL 32034

Title	D
Name	TURNER, HENRY
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY.
City-State-Zip:	AMELIA ISLAND FL 32034

I hereby 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 all other like empowered.

SIGNATURE: BILL MOSER

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02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date