

EXECUTIVE DEPARTMENT
STATE OF FLORIDA



In the Name and by the Authority of the

STATE OF FLORIDA

*I, Rick Scott, Governor of Florida, by virtue of the authority vested in me
by the Constitution and Laws of this State, do hereby commission*

Andrew A. Heron

who was duly elected on the Eighth day of November, A.D., 2016, to be

**Board of Supervisors,
Hawk's Point Community Development District,
Hillsborough County, Seat Three**

*for a term beginning on the Twenty-Second day of November, A.D., 2016,
until the Sixteenth day of November, A.D., 2020, according to the
Constitution and Laws of the State and in the Name of the People of the
State of Florida to have, hold and exercise the said office, and all the
powers and responsibilities appertaining thereto, and to receive the
privileges and emoluments thereof in accordance with the law.*



*In Testimony Whereof, I do hereunto set my hand
and cause to be affixed the Great Seal of the State,
at Tallahassee, the Capital, this the Eighteenth day
of January, A.D., 2017, and of the Independence of
the United States the Two Hundred and Forty-First
year.*

ATTEST:

Ken Detmold

Secretary of State

Rick Scott

Governor of Florida

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Hillsborough

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Supervisor, Hawks Point CDD, Seat 3
(Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Andrew Alexander Heron
Signature

Sworn to and subscribed before me this 28 day of February, 2017



Michelle Bailey
COMMISSION #FF994246
EXPIRES: May 18, 2020
Bonded Thru Aaron Notary

Michelle Bailey
Signature of Officer Administering Oath or of Notary Public

Michelle Bailey
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: ☒ Home ☐ Office

1112 Beech Grove Place
Street or Post Office Box

Roskin, FL 33570
City, State, Zip Code

Andrew Alexander Heron
Print Name

Andrew Alexander Heron
Signature