

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009911

FILED  
Jul 23, 2007  
Secretary of State

**Entity Name:** HERRINGTON PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

913 GULF BREEZE PKWY SUITE 18  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

913 GULF BREEZE PKWY SUITE 18  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:** 51-0599861      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CALHOUN, AMY A  
913 GULF BREEZE PKWY SUITE 18  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CALHOUN, AMY A  
Address: 913 GULF BREEZE PKWY SUITE 18  
City-St-Zip: GULF BREEZE, FL 32561

Title: DV ( ) Delete  
Name: CALHOUN, WEST J SR  
Address: 913 GULF BREEZE PKWY SUITE 18  
City-St-Zip: GULF BREEZE, FL 32561

Title: DST ( ) Delete  
Name: BRANCH, KRISTEN  
Address: 913 GULF BREEZE PKWY SUITE 18  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AMY A. CALHOUN

DP

07/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date