

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009911

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: HERRINGTON PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

913 GULF BREEZE PKWY SUITE 17  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

52 HIGHPOINT DRIVE  
GULF BREEZE, FL 32561

**Current Mailing Address:**

913 GULF BREEZE PKWY SUITE 17  
GULF BREEZE, FL 32561

**New Mailing Address:**

P.O. BOX 729  
GULF BREEZE, FL 32562

FEI Number: 51-0599861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CALHOUN, AMY A  
913 GULF BREEZE PKWY SUITE 17  
GULF BREEZE, FL 32561 US

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

CALHOUN, AMY A  
52 HIGHPOINT DR  
GULF BREEZE, FL 32561 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: AMY A. CALHOUN

02/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CALHOUN, AMY A  
Address: 913 GULF BREEZE PKWY SUITE 17  
City-St-Zip: GULF BREEZE, FL 32561

Title: DV ( ) Delete  
Name: CALHOUN, WEST J SR  
Address: 913 GULF BREEZE PKWY SUITE 17  
City-St-Zip: GULF BREEZE, FL 32561

Title: DST (X) Delete  
Name: BRANCH, KRISTEN  
Address: 913 GULF BREEZE PKWY SUITE 17  
City-St-Zip: GULF BREEZE, FL 32561

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

Title: DP (X) Change ( ) Addition  
Name: CALHOUN, AMY A  
Address: 52 HIGHPOINT DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: DV (X) Change ( ) Addition  
Name: CALHOUN, WEST J SR  
Address: 52 HIGHPOINT DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

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

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date