

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

08 FEB 22 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02222008 Chg-NP CR2E037 (12/06)

DOCUMENT # N99000006755	
1. Entity Name HERRING PLACE OF TALLAHASSEE HOMEOWNERS' ASSOCIATION, INC.	



Principal Place of Business 333 NORTH MAIN AVENUE MONTICELLO, FL 32344 US	Mailing Address P O BOX 987 MIDWAY, FL 32343 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>PO Box 987</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>Midway, FL</b>
Zip	Country
<b>32343</b>	<b>Gadsden</b>

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ROBINSON, PATRICK L 333 NORTH MAIN AVE MONTICELLO, FL 32344	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	ROBINSON, PATRICK L
STREET ADDRESS	333 NORTH MAIN AVENUE
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	BM <input type="checkbox"/> Delete
NAME	ROBERTS, TAMARA
STREET ADDRESS	5572 TOWER WOOD TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE	BM <input type="checkbox"/> Delete
NAME	WARD, RONALD
STREET ADDRESS	774 MAIN STREET
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	BM <input type="checkbox"/> Delete
NAME	HAYES, JOHN
STREET ADDRESS	PO OFFICE BOX 32428
CITY-ST-ZIP	TALLAHASSEE, FL 32316
TITLE	BM <input type="checkbox"/> Delete
NAME	TANNACHION, CHARLES
STREET ADDRESS	183 SE ANASTASIA STREET
CITY-ST-ZIP	LAKE CITY, FL 320251729
TITLE	ST <input type="checkbox"/> Delete
NAME	JONES, JANICE L
STREET ADDRESS	1945 BAYWIND COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32303

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	BM <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Manica Abday</b>
STREET ADDRESS	<b>936 Secret Harbor Court</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32303</b>
TITLE	<b>500119104815</b>
NAME	<b>02/29/08--01009--026 **70.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>for Patrick L. Robinson</i></u>	Date: <u>2/22/08</u>	Daytime Phone #: <u>2/22/08</u>
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