

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 744548 (9)
1. Corporation Name
HENDRY CREEK HOMEOWNERS ASSOCIATION, INC.Principal Place of Business
15606
15606 LIGHTBLUE CIRCLE
FORT MYERS FL 33908Mailing Address
12670 NEW BRITTANY BLVD
SUITE 202
FT. MYERS FL 33907-3650
US

3. Date Incorporated or Qualified 10/11/1978	3a. Date of Last Report 02/19/1996
4. FEI Number 59-2157527	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

DANIEL PLEIN
15606 LIGHT BLUE CR
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PLEIN, DANIEL	1.2 NAME	
STREET ADDRESS	15606 LIGHT BLUE CIRCLE 15606 LIGHT BLUE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	WICKMAN, NORMAN	2.2 NAME	RORRER, LARRY
STREET ADDRESS	7263 HENDRY CREEK DRIVE	2.3 STREET ADDRESS	7226 HENDRY CREEK DRIVE
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	D ☒ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	WALTER, KARYL K	3.2 NAME	WELLS, KATHLEEN
STREET ADDRESS	7226 HEAVEN LN	3.3 STREET ADDRESS	7220 HENDRY CREEK DRIVE
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kandall J. M. REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/5/97
Date

Daytime Phone # 0055408

CR2E037 (9/96)