

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90127 032 ****61.25

DOCUMENT #744548 1. Entity Name HENDRY CREEK HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 15666 LIGHTBLUE CIRCLE FORT MYERS, FL 33908	Mailing Address C/O PEPITONE REALTY MGMT SVCS. CORP. 13451 MCGREGOR BLVD SUITE 32 FORT MYERS, FL 33919 US
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2. Principal Place of Business - No P.O. Box # Pegasus Property Mgmt. Suite, Apt. #, etc. 17595 S. Tamiami Trl. #100 City & State Ft. Myers, FL 33908 Zip 33908 Country USA	3. Mailing Address Pegasus Property Mgmt. Suite, Apt. #, etc. 17595 S. Tamiami Trl. 100 City & State Ft. Myers, Florida Zip 33908 Country USA
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04072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2157527	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARSDEN, GARY C/O PEGASUS PROPERTY MANAGEMENT 17595 S. TAMIAAMI TRAIL #100 FORT MYERS, FL 33908	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERNARD, JAMES 7239 HENDRY CREEK DR FT. MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MC CONVILLE, RICHARD 7257 HENDRY CREEK DR. FORT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALTER, WAYNE 7226 HEAVEN LANE FORT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wayne C. Walter
4-21-08