


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90356 002 ****61.25

DOCUMENT # 755505					
1. Entity Name HENDERSON CREEK VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 900 HENDERSON CREEK DR. #108 NAPLES, FL 34114			Mailing Address C/O JULIO CRUZ 7780 WOODBROOK CIRCLE #4 NAPLES, FL 34104		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address %Alliance Management Suite, Apt. #, etc. PO Box 9608			
Suite, Apt. #, etc.		City & State Naples, FL			
City & State		Zip 34102		Country USA	
Zip		Country		4. FEI Number 65-0013548	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RALPH, GARY 2272 AIRPORT ROAD SOUTH SUITE #101 NAPLES, FL 33962			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$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 SD NAME NEY, CATHY STREET ADDRESS 900 HENDERSON CREEK DRIVE #103 CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME JOHNSON, KEN STREET ADDRESS 900 HENDERSON CREEK DRIVE #108 CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME ERATH, ED STREET ADDRESS 900 HENDERSON CREEK DRIVE #113 CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME LAURA, OWEN STREET ADDRESS 900 HENDERSON CREEK DR., #118 CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STEPHEN, PLACE STREET ADDRESS 2649 W. 65TH PLACE CITY-ST-ZIP MERRILLVILLE, IN 46410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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			4/21/08 (239) 331-3772 Date Daytime Phone #		