


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90157 023 \*\*\*\*61.25

<b>DOCUMENT # 770550</b> 1. Entity Name HENDERSON PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2705 SCENIC HWY 98 # 1 DESTIN, FL 32541 US			Mailing Address PO BOX 5956 DESTIN, FL 32540 US		
2. Principal Place of Business <i>2705 Scenic Hwy 98</i>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Destin, FL</i>			City & State		
Zip <i>32541</i>			Zip		
Country			Country		
4. FEI Number <b>59-2655075</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  MILLER, SANDRA G 2705 SCENIC HWY 98 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name <i>RAYMOND F. NEWMAN, JR.</i> Street Address (P.O. Box Number is Not Acceptable) <i>348 Miracle Strip Pkwy, SW Su. 7</i> City <i>Ft. Walton Beach</i> <b>FL</b> Zip Code <i>32548</i>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE <i>[Signature]</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>RAYMOND F. NEWMAN, JR.</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <i>2-17-05</i>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WORTON, BONNIE 1100 ASCOT WAY BRASELTON, GA 30517	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Judy Belluso 140 Hickory Walk SW Marietta, GA 30064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LETO, BONNIE M 1981 HARVEY ROAD GRAND ISLAND, NY 14072	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DAVIS, JANET E 2705 SCENIC HWY 98 DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Barb Grash 197 Dufango Rd, SC Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PALMER, ROBERT E 2705 SCENIC HWY 98 #20 DESTIN, FL 32541	<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"/> Delete				
12. I 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 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.					
<b>SIGNATURE:</b> <i>Bonnie Worton</i> <i>Bonnie Leto</i> <i>Pres HOA</i> <i>2/15/05</i> <i>(678) 425-9174</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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02102005 Chg-NP CR2E037 (10/03)