

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90103 013 ****61.25

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1. Entity Name
HENDERSON PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2705 SCENIC HWY 98
DESTIN, FL 32541 US

Mailing Address
PO BOX 5956
DESTIN, FL 32540 US

40023316



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2655075

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, RANDY F JR.
348 MIRACLE STRIP PKWY SE SUITE 7
FORT WALTON BEACH, FL 32548

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

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, 2006**

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 P ☒ Delete
NAME WORTON, BONNIE
STREET ADDRESS 1100 ASCOT WAY
CITY-ST-ZIP BRASELTON, GA 30517

TITLE P ☒ Change ☐ Addition
NAME Barbara Grosh
STREET ADDRESS 191 Durango Rd 3C
CITY-ST-ZIP Destin FL 32541

TITLE D ☒ Delete
NAME LETO, BONNIE M
STREET ADDRESS 1981 HARVEY ROAD
CITY-ST-ZIP GRAND ISLAND, NY 14072

TITLE D ☐ Change ☒ Addition
NAME Bruce Eades
STREET ADDRESS 1182 Muirfield Way
CITY-ST-ZIP Niceville, FL 32571

TITLE D ☒ Delete
NAME GRASH, BARB
STREET ADDRESS 197 DURANGO RD 3C
CITY-ST-ZIP DESTIN, FL 32541

TITLE D ☐ Change ☒ Addition
NAME Malcolm Black
STREET ADDRESS 4553 Bond Circle
CITY-ST-ZIP Niceville, FL 32578

TITLE V ☐ Delete
NAME PALMER, ROBERT E
STREET ADDRESS 2705 SCENIC HWY 98 #20
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☒ Delete
NAME BELLUSO, JUDY
STREET ADDRESS 140 HICKORY WALK SW
CITY-ST-ZIP MARIETTA, GA 30064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #