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Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90110 025 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 770550

1. Entity Name
HENDERSON PARK CONDOMINIUM ASSOCIATION, INC.

60012102

Principal Place of Business	Mailing Address
2705 SCENIC HWY 98 DESTIN, FL 32541 US	PO BOX 5956 DESTIN, FL 32540 US

01312007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 Thomas J. Risalvato Street Address (P.O. Box Number is Not Acceptable) 151 Mary Esther Blvd, Sq. 301 City Mary Esther FL Zip Code 32569

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 James J. Risalvato, PA 1/30/07
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, 2007

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	P GROSH, BARBARA 197 DURANJO RD BD DESTIN, FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	David T Worton 1100 Ascot Way Braselton, GA 30517	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DESLES, BRUCE 1182 MUIRFIELD WAY MILTON, FL 32571	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Scott Patrick D 2705 Scenic Gulf Drive #9 Destin, FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, MALCOM 4053 BOND CIR NICEVILLE, FL 32578	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	James Jeffrey Litrell D 2705 Scenic Gulf Dr #10 Destin, FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PALMER, ROBERT E 2705 SCENIC HWY 98 #20 DESTIN, FL 32541	☐ 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] 1-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #