


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90060 041 ****61.25

DOCUMENT # 770550 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																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State		03202008 Chg-NP CR2E037 (12/06)																																																																																																																									
Zip		Country		4. FEI Number 59-2655075																																																																																																																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent RISALVATO, THOMAS J 151 MARY ESTHER BLVD STE 301 MARY ESTHER, FL 32569				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GROSH, BARBARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>197 DURANJO RD BD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DESTIN, FL 32541</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LITREK, JAMES J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2705 SCENIC GULF DR #10</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DESTIN, FL 32541</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PALMER, ROBERT E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2705 SCENIC HWY 98 #20</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DESTIN, FL 32541</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WORTON, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1100 ASCOT WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRASELTON, GA 30517</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PATRICK, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2705 SCENIC GULF DR #9</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DESTIN, FL 32541</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	GROSH, BARBARA		STREET ADDRESS	197 DURANJO RD BD		CITY-ST-ZIP	DESTIN, FL 32541		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	LITREK, JAMES J		STREET ADDRESS	2705 SCENIC GULF DR #10		CITY-ST-ZIP	DESTIN, FL 32541		TITLE	V	<input type="checkbox"/> Delete	NAME	PALMER, ROBERT E		STREET ADDRESS	2705 SCENIC HWY 98 #20		CITY-ST-ZIP	DESTIN, FL 32541		TITLE	T	<input type="checkbox"/> Delete	NAME	WORTON, DAVID		STREET ADDRESS	1100 ASCOT WAY		CITY-ST-ZIP	BRASELTON, GA 30517		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	PATRICK, SCOTT		STREET ADDRESS	2705 SCENIC GULF DR #9		CITY-ST-ZIP	DESTIN, FL 32541		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE: <i>Thomas J. Risalvato, CPA</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 45%;"> 3/20/08 850-244-8395 <small>Date Daytime Phone #</small> </div> </div>																																																																																																																													