

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001478

FILED
Apr 30, 2005
Secretary of State

Entity Name: HENDRY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

415 GRAY RD.
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

BOX 472
LITHIA, FL 33547

New Mailing Address:

FEI Number: 65-0989128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRY, MICHAEL
415 GRAY RD.
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HENDRY, MICHAEL J
Address: 415 GRAY RD.
City-St-Zip: LITHIA, FL 33547

Title: VD () Delete
Name: HENDRY, J.C.
Address: 415 GRAY RD.
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: HENDRY, ANNA C
Address: 5607 NORTH SEMINOLE AVENUE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HENDRY

PSTD

04/30/2005

Electronic Signature of Signing Officer or Director

Date