

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 27, 2005
Secretary of State

DOCUMENT# N02000000406

Entity Name: HANLEY DOWNS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**720 HANLEY DOWNS DR
CANTONMENT, FL 32533**New Principal Place of Business:**618 HANLEY DOWNS DR
CANTONMENT, FL 32533**Current Mailing Address:**720 HANLEY DOWNS DR
STE. 7
CANTONMENT, FL 32533**New Mailing Address:**PO BOX 1053
GONZALEZ, FL 32560**FEI Number:** 03-0396674**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROGERS, KATHLEEN A
720 HANLEY DOWNS DR
CANTONMENT, FL 32533 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: P () Delete
Name: ROGERS, KATHLEEN
Address: 720 HANLEY DOWNS DR
City-St-Zip: CANTONMENT, FL 32533

Title: VP () Delete
Name: NEMANIC, JANEDT
Address: 657 HANLEY DOWNS DR
City-St-Zip: PENSACOLA, FL 32523

Title: S () Delete
Name: BOIGHT, SHERYL
Address: 634 HANLEY DOWNS DR
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: BOYETT, STEPHANIE
Address: 716 HANLEY DOWNS DR
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PRESCOTT, DANIEL
Address: 618 HANLEY DOWNS DR
City-St-Zip: CANTONMENT, FL 32533

Title: VP (X) Change () Addition
Name: BOWERS, FRED
Address: 669 HANLEY DOWNS DR
City-St-Zip: PENSACOLA, FL 32523

Title: S (X) Change () Addition
Name: ROGERS, KATHY
Address: 720 HANLEY DOWNS DR
City-St-Zip: CANTONMENT, FL 32533

Title: T (X) Change () Addition
Name: WEIRUP, NANCY
Address: 685 HANLEY DOWNS DR
City-St-Zip: CANTONMENT, FL 32533

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: NANCY WEIRUP

T

09/27/2005

Electronic Signature of Signing Officer or Director

Date