

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000406

FILED
Feb 04, 2008
Secretary of State

Entity Name: HANLEY DOWNS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

665 HANLEY DOWNS DR
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

PO BOX 1053
GONZALEZ, FL 32560

New Mailing Address:

FEI Number: 03-0396674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLLEY, W. HERBERT A
665 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: YUHASZ, AMY
Address: 751 HANLEY DOWNS DR
City-St-Zip: CANTONMENT, FL 32533

Title: VP () Delete
Name: AGNER, CASSANDRA
Address: 658 HANLEY DOWNS DR
City-St-Zip: CANTONMENT, FL 32533

Title: S () Delete
Name: WOOLLEY, W. HERBERT
Address: 665 HANLEY DOWNS DR
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: JONES, TIM
Address: 662 HANLEY DOWNS DR
City-St-Zip: CANTONMENT, FL 32533

Title: C A () Delete
Name: PATTERSON, LUKE
Address: 692 HANLEY DOWNS DRIVE
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AGNER, CASSANDRA
Address: 658 HANLEY DOWNS DR
City-St-Zip: CANTONMENT, FL 32533

Title: VP (X) Change () Addition
Name: DAVIO, BRUCE
Address: 693 HANLEY DOWNS DR
City-St-Zip: CANTONMENT, FL 32533

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

Title: T (X) Change () Addition
Name: BOWERS, MARY R
Address: 669 HANLEY DOWNS DR
City-St-Zip: CANTONMENT, FL 32533

Title: C A (X) Change () Addition
Name: CRAIG, DOROTHY
Address: 668 HANLEY DOWNS DRIVE
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: W. HERBERT WOOLLEY

A

02/04/2008

Electronic Signature of Signing Officer or Director

Date