

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000406

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** HANLEY DOWNS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

657 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:**

NEMANIC, JANET L  
657 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:** PRES  
**Name:** DAVIO, BRUCE  
**Address:** 693 HANLEY DOWNS DR  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** VP  
**Name:** MINTON, STEVE  
**Address:** 680 HANLEY DOWNS DR  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** S  
**Name:** KELLY, SHEILA  
**Address:** 688 HANLEY DOWNS DR  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** T  
**Name:** NEMANIC, JANET L  
**Address:** 657 HANLEY DOWNS DR  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** VP  
**Name:** ROGERS, KATHY  
**Address:** 720 HANLEY DOWNS DR  
**City-St-Zip:** CANTONMENT, FL 32533

I hereby 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 all other like empowered.

**SIGNATURE:** JANET L NEMANIC

TREA

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date