

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90027 021 ****61.25

DOCUMENT # N04000005204 1. Entity Name THE HERMITAGE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1580-2 BANNERMAN RD TALLAHASSEE, FL 32312			Mailing Address 1580-2 BANNERMAN RD TALLAHASSEE, FL 32312		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 201476019	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLOCK, BYRON B 1415 EAST PIEDMONT SUITE 3 TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name <u>MARIE EDDY</u> Street Address (P.O. Box Number is Not Acceptable) <u>1580-2 BANNERMAN RD</u> City <u>Tallahassee</u> FL <u>32312</u>	
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 <u>[Signature]</u> <u>MARIE EDDY</u> <u>3/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOCK, BYRON B <input checked="" type="checkbox"/> Delete 1415 EAST PIEDMONT SUITE 3 TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEBENTHAL, ELAINE <input checked="" type="checkbox"/> Delete 1415 EAST PIEDMONT SUITE 3 TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DORSEY, FRANK <input checked="" type="checkbox"/> Delete 401 EAST VIRGINIA ST. TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CONNER, ALBERT 1580-2 BANNERMAN RD TALLAHASSEE, FL 32312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MCCONNAUGH HAY, JOHN 101 N. MONROE ST. #900 TALLAHASSEE, FL 32301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HODGES, CYNTHIA 1801 Hermitage Blvd. #130 TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: <u>[Signature]</u> <u>3/14/05</u> <u>850-894-1919</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					