2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 26, 2006 8:00 am Secretary of State DOCUMENT # N04000005318 1. Entity Name 04-26-2006 90176 015 ***150.00 HENDERSON BEACH BUSINESS PARK OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 4 V U V M Y ~ COMMONS DRIVE POST OFFICE BOX 559 KEY VILLAGE OFFICE PARK DESTIN FL 32541 RUSSELL SPRINGS KY 42642 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) City & State 4. FÉI Number Applied For 20-1309305 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY SUITE 301 MANALSEMENT DESTIN FL 3254 Zip Code 325 4 J 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 Signature, typiid or printed had (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE THEE Oelete KROPENIK BRANSCUM, STEPHE NAME NAME 4010 Commons Dr #120 STREET ADDRESS PO BOX 559 STREET ADDRESS RUSSELL SPRINGS KY 42642 DESTIN, FL 32541 CHTY-S1-7IP CITY-ST-ZIP TITLE TITLE Addition ☐ Change Delete Tornmy SHOLES 4014 Commons De #120 TURNER, RON NAME NAME PO BOX 55194 STREET ADDRESS STREET ADDRESS LEXINGTON KY 40509 DESILW FL 3254) CHY-ST-ZIP CITY - ST- ZIP TITLE TITLE X Addition AARON DOUG NAME EYESENBACH, PAM NAME 3194 HWY 379 STREET ADDRESS PO BOX 559 STREET ADDRESS RUSSELL SPRINGS, KY 42642 CITY-ST-ZIP RUSSELL-SPRINGS KY 42642 CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change ANN GAINES NAME DOEAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP TITLE ☐ Delete THE Change **Addition** CHRIS JOHNSON 4067 DRIFTING SAND TA NAME STREET ADDRESS STREET ADDRESS DESTINIFL 32541 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

FILED

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