


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90025 002 \*\*\*\*61.25

<b>DOCUMENT # N04000005318</b>					
<b>1. Entity Name</b> HENDERSON BEACH BUSINESS PARK OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4010/4012/4014 COMMONS DRIVE DESTIN, FL 32541 US			<b>Mailing Address</b> 205 BROOKS STREET SE SUITE 201 FORT WALTON BEACH, FL 32548 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 4012 Commons Dr W Suite 120			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Box 13			
City & State		City & State Destin, FL			
Zip	Country	Zip 32541	Country USA	02142008 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 20-1309305				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TARVER, LOYD SEA BREEZE ASSOCIATION MANAGEMENT CO. 180 CULLMAN AVE SANTA ROSA BEACH, FL 32459			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> JOHNSON, CHRIS <b>STREET ADDRESS</b> 4010 COMMONS DRIVE <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> JOHNSON, CHRIS <b>STREET ADDRESS</b> 4012 Commons Dr W Suite 120 <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> SHOLES, TOMMY <b>STREET ADDRESS</b> 4010 COMMONS DRIVE <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> JOHNSON, CHRIS <b>STREET ADDRESS</b> 4014 Commons Dr W, Suite 118 <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> AARON, DOUG <b>STREET ADDRESS</b> 4010 COMMONS DRIVE <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> AARON, DOUG <b>STREET ADDRESS</b> 3194 Hwy 379 Russell Springs, Ky 42642 <b>CITY-ST-ZIP</b> Russell Springs, Ky 42642	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GAINES, ANN <b>STREET ADDRESS</b> 4010 COMMONS DR <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> GAINES, ANN <b>STREET ADDRESS</b> 4010 Commons Dr W Suite 122 <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> ROWE, CAMERON <b>STREET ADDRESS</b> 4010 COMMONS DRIVE <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Delete		<b>TITLE</b> D, T <b>NAME</b> ROWE, CAMERON <b>STREET ADDRESS</b> 4014 Commons Dr W, Suite 122 <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LEVINE, MIKE <b>STREET ADDRESS</b> 4010 COMMONS DRIVE <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Delete		<b>TITLE</b> D, S <b>NAME</b> LEVINE, MIKE <b>STREET ADDRESS</b> 4010 Commons Dr W Suite 104 <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Chris Johnson</u> <u>Chris Johnson</u> <u>3-10-08</u> <u>850</u> <u>502-1590</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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