


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000012133

1. Entity Name
HERLONG JUNCTION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1826 SW SR 47 LAKE CITY, FL 32025	Mailing Address 1826 SW SR 47 LAKE CITY, FL 32025
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DO NOT WRITE IN THIS SPACE



01262008 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-2249838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BULLARD, AUDREY S
1826 SW SR 47
LAKE CITY, FL 32025**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BULLARD, AUDREY S 1826 SW SR 47 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DENUNE, HARRY C 2753 E US HWAY 90 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BULLARD, CHRIS 620 SOUTH MARION STREET LAKE CITY, FL 32055
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: *Audrey S Bullard* 2/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Audrey S. Bullard
PO Box 1733**