


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90050 015 ****61.25

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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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 1733
 Suite, Apt. #, etc.

City & State
 Lake City, FL

City & State
 Lake City, FL

Zip
 32056

Country
 USA

40011



01152008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number
 20-2249838

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Audrey S Bullard* DATE 1/30/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BULLARD, AUDREY S	
STREET ADDRESS	1826 SW SR 47	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DENUNE, HARRY C	
STREET ADDRESS	2753 E US HWAY 90	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BULLARD, CHRIS	
STREET ADDRESS	520 SOUTH MARION STREET	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hanover, Holly	
STREET ADDRESS	PO Box 1733	
CITY-ST-ZIP	Lake City, FL 32056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* DATE 1/30/08

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