# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 18, 2008**
**Secretary of State**

DOCUMENT# N05000002506

**Entity Name:** HENDERSON PLACE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

499 LAKEVIEW DR
SEAGROVE BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

499 LAKEVIEW DR
SEAGROVE BEACH, FL 32459

**New Mailing Address:**

**FEI Number: 20-2520975** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

MANCIL, BILLY H
499 LAKEVIEW DR
SEAGROVE BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: MANCIL, BILLY H
Address: 499 LAKEVIEW DR
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: VD ( ) Delete
Name: CARNES, SAM B
Address: 109 TUCKABATCHEE CT
City-St-Zip: MONTGOMERY, AL 36117

Title: STD ( ) Delete
Name: CARNES, SANDRA R
Address: 109 TUCKABATCHEE CT
City-St-Zip: MONTGOMERY, AL 36117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY H. MANCIL DP 05/18/2008

Electronic Signature of Signing Officer or Director — Date