

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009911

FILED
Jan 22, 2008
Secretary of State

Entity Name: HERRINGTON PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

913 GULF BREEZE PKWY SUITE 18
GULF BREEZE, FL 32561

New Principal Place of Business:

913 GULF BREEZE PKWY SUITE 17
GULF BREEZE, FL 32561

Current Mailing Address:

913 GULF BREEZE PKWY SUITE 18
GULF BREEZE, FL 32561

New Mailing Address:

913 GULF BREEZE PKWY SUITE 17
GULF BREEZE, FL 32561

FEI Number: 51-0599861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALHOUN, AMY A
913 GULF BREEZE PKWY SUITE 18
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

CALHOUN, AMY A
913 GULF BREEZE PKWY SUITE 17
GULF BREEZE, FL 32561 US

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: _____

01/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CALHOUN, AMY A
Address: 913 GULF BREEZE PKWY SUITE 18
City-St-Zip: GULF BREEZE, FL 32561

Title: DV () Delete
Name: CALHOUN, WEST J SR
Address: 913 GULF BREEZE PKWY SUITE 18
City-St-Zip: GULF BREEZE, FL 32561

Title: DST () Delete
Name: BRANCH, KRISTEN
Address: 913 GULF BREEZE PKWY SUITE 18
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CALHOUN, AMY A
Address: 913 GULF BREEZE PKWY SUITE 17
City-St-Zip: GULF BREEZE, FL 32561

Title: DV (X) Change () Addition
Name: CALHOUN, WEST J SR
Address: 913 GULF BREEZE PKWY SUITE 17
City-St-Zip: GULF BREEZE, FL 32561

Title: DST (X) Change () Addition
Name: BRANCH, KRISTEN
Address: 913 GULF BREEZE PKWY SUITE 17
City-St-Zip: GULF BREEZE, FL 32561

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: AMY A. CALHOUN

DP

01/22/2008

Electronic Signature of Signing Officer or Director

Date