2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N94000003444

Entity Name: HENDERSON PARK TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2701 SCENIC HWY 98
UNIT #2
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

2701 SCENIC HWY 98
UNIT #2
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-3368670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWELL, WILLIAM S JR
1727 S. COUNTY HWY., 393
SANTA ROSA 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: TRS ( ) Delete
Name: LONG, TERRI
Address: PO BOX 230758
City-St-Zip: MONTGOMERY, AL 361230758 US

Title: VPD ( ) Delete
Name: GRESHAM, ROBERT
Address: 3021 GOLF CREST LANE
City-St-Zip: WOODSTOCK, GA 30189 US

Title: PD ( ) Delete
Name: BOSSERMAN, JAMES D
Address: 2701 SCENIC HWY 98 UNIT #2
City-St-Zip: DESTIN, FL 32541 US

Title: SEC ( ) Delete
Name: RYAN, JEFFREY COL.
Address: 305 NE 1ST ST. #202
City-St-Zip: OKLAHOMA CITY, OK 73104 US

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:

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: JAMES D BOSSERMAN PRES 04/30/2007

Electronic Signature of Signing Officer or Director — Date