

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N94000003444

1. Entity Name
**HENDERSON PARK TOWNHOMES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

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



04102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3368670

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOWELL, WILLIAM S JR
1727 S. COUNTY HWY., 393
SANTA ROSA BEACH, FL 32459**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE TRS
NAME LONG, TERRI
STREET ADDRESS PO BOX 230758
CITY-ST-ZIP MONTGOMERY, AL 361230758

TITLE VPD
NAME GRESHAM, ROBERT
STREET ADDRESS 3021 GOLF CREST LANE
CITY-ST-ZIP WOODSTOCK, GA 30189

TITLE PD
NAME BOSSERMAN, JAMES D
STREET ADDRESS 2701 SCENIC HWY 98 UNIT #2
CITY-ST-ZIP DESTIN, FL 32541

TITLE SEC
NAME RYAN, JEFFREY COL.
STREET ADDRESS 305 NE 1ST ST. #202
CITY-ST-ZIP OKLAHOMA CITY, OK 73104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000000001
05/05/08-80016-005 61.25

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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:

Teresa W. Long, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08
Date

334/271-1135
Daytime Phone #