


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005161	
1. Entity Name HERNDON WOODS PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 4905 HERNDON DRIVE AUBURNDALE, FL 33823	Mailing Address 4905 HERNDON DRIVE AUBURNDALE, FL 33823
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3454675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COLLIER, CLEM T 4905 HERNDON DRIVE AUBURNDALE, FL 33823	
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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 _____ DATE _____

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P COLLIER, CLEM T 4905 HERNDON DR AUBURNDALE, FL 338239108
TITLE NAME STREET ADDRESS CITY ST ZIP	VP AGAILERA, JOSE N 4941 HERNDON WAY AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY ST ZIP	S PARKINS, CLAUDE A 4920 HERNDON WAY AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY ST ZIP	D TAYLOR, NORMAN 4910 HERNDON WAY AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY ST ZIP	D BROKAW, HAROLD A 4912 HERNDON DR AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY ST ZIP	D SPURGEON, ROY 4922 HERNDON DRIVE AUBURNDALE, FL 33823

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03/18/05-80059-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 both of which are empowered.

SIGNATURE: *Clem T. Collier*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05
Date