


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000005161 1. Entity Name HERNDON WOODS PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 4920 HERNDON WAY AUBURNDAL, FL 33823	Mailing Address 4905 HERNDON DRIVE AUBURNDAL, FL 33823
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DO NOT WRITE IN THIS SPACE



02252007 No Chg-NP CR2E037 (4/08)

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
AUBURNDAL, 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: *Clem T. Collier* (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000656218 03/14/07-80017-009 61.25
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10. OFFICERS AND DIRECTORS

TITLE P	COLLIER, CLEM T
NAME	
STREET ADDRESS	4905 HERNDON DR
CITY-ST-ZIP	AUBURNDAL, FL 338239108
TITLE VP	AGAILERA, JOSE N
NAME	
STREET ADDRESS	4941 HERNDON WAY
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE S	PARKINS, CLAUDE A
NAME	
STREET ADDRESS	4920 HERNDON WAY
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE D	TAYLOR, NORMAN
NAME	
STREET ADDRESS	4910 HERNDON WAY
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE D	BROKAW, HAROLD A
NAME	
STREET ADDRESS	4912 HERNDON DR
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE D	SPURGEON, ROY
NAME	
STREET ADDRESS	4922 HERNDON DRIVE
CITY-ST-ZIP	AUBURNDAL, FL 33823

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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: *Claude A. Perkins* **Claude A. Perkins** 3-2-07/863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #