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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000007084

1. Corporation Name
HERNDON'S OVERLOOK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
812 MARTIN LUTHER KING BLVD. TAMPA FL 33584	812 MARTIN LUTHER KING BLVD. TAMPA FL 33584

2. Principal Place of Business
21 812 East Martin Luther King Blvd
Suite, Apt. #, etc.
22
City & State
23 Seffner Florida
Zip 24 33584 Country 25 USA

2a. Mailing Address
26 812 East Martin Luther King Blvd
Suite, Apt. #, etc.
27
City & State
28 Seffner Florida
Zip 29 33584 Country 30 USA

3. Date Incorporated or Qualified
12/15/1998

4. FEI Number
Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
HERNDON, JOSEPH LOUIE
812 MARTIN LUTHER KING BLVD. EAST
SEFFNER FL 33584

10. Name and Address of New Registered Agent
31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Joseph L Herndon Pres. 4/12/99
(Required. Must be printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HERNDON, JOSEPH LOUIE 812 MARTIN LUTHER KING BLVD. EAST TAMPA FL 33584 ☐ DELETE	13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP	(P.D.) Herndon, Joseph Louie 812 East Martin Luther King Blvd Seffner, FL 33584 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D MATTIE Michelle Herndon 812 EAST MARTIN LUTHER KING BLVD SEFFNER FLA 33584 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Chad Herndon D 2215 Hickory Crest BR. Valrico FL 33594 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Louie Herndon P 2/12/99 (813) 684-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR Date Daytime Phone #
Joseph Louie Herndon P (813) 263-4571

4/11/99 @