

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 21 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **743172** (9)

1. Corporation Name  
**PROPERTY OWNER'S ASSOCIATION OF HUNTINGTON, INC.**

Principal Place of Business Mailing Address  
**5301 SE 18TH LANE OCALA, FL. 32671** **5301 SE 18TH LANE OCALA, FL. 32671**  
**PO BOX 1932** **PO BOX 1932**  
**SILVER SPRINGS FL 34488** **SILVER SPRINGS FL 34488**  
**US** **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
30 Country

3. Date Incorporated or Qualified **06/08/1978** 3a. Date of Last Report **02/08/1994**  
4. FEI Number **59-0370570** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MCCALL, WAYNE C.**  
**5380 S.E. 18TH. LANE**  
**P.O. BOX 1148**  
**OCALA FL 32670**  
**AW**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consisting)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>DANCY, BILL</b>
STREET ADDRESS	<b>1950 SE 54TH TERR</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	<b>V</b>
NAME	<b>HAGAN, JUDE</b>
STREET ADDRESS	<b>1960 SE 54TH TERR.</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	<b>T</b>
NAME	<b>JARVIS, BEVERLY</b>
STREET ADDRESS	<b>5381 SE 18 LANE</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	<b>D</b>
NAME	<b>PRICHARD, VERNON</b>
STREET ADDRESS	<b>5400 SE 17TH ST</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	<b>D</b>
NAME	<b>GELINAS, ALICE</b>
STREET ADDRESS	<b>1960 SE 52ND CT.</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	<b>D</b>
NAME	<b>SHILBE, WALTER</b>
STREET ADDRESS	<b>5341 SE 18 LANE</b>
CITY - ST - ZIP	<b>OCALA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P Virginia Flowers</b>
1.3 STREET ADDRESS	<b>5420 SE 17th Street</b>
1.4 CITY - ST - ZIP	<b>OCALA, FL 34471</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP Walter Schilbe</b>
2.3 STREET ADDRESS	<b>5341 SE 18 LANE</b>
2.4 CITY - ST - ZIP	<b>OCALA, FL 34471</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D Shelia MacLhaney</b>
6.3 STREET ADDRESS	<b>5450 SE 17th Street</b>
6.4 CITY - ST - ZIP	<b>OCALA, FL 34471</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Beverly A. Jarvis** / **Beverly A. Jarvis** **4-18-95** **904-854-3521**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #