

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 5-1-96 0-5581 C

DOCUMENT # 743172 (9)

1. Corporation Name

PROPERTY OWNER'S ASSOCIATION OF HUNTINGTON, INC.



Principal Place of Business: 5381 SE 18TH LANE OCALA, FL. 32671
PO BOX 1932 SILVER SPRINGS FL 34488 US

Mailing Address: 5381 SE 18TH LANE OCALA, FL. 32671
PO BOX 1932 SILVER SPRINGS FL 34488 US

3. Date Incorporated or Qualified: 06/08/1978
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business: 2151 S.E. 52nd CT, Ocala, FL. 34471
21. Suite, Apt. #, etc.
22. City & State: Ocala, FL.
23. Zip: 34471, Country: U.S.A.
24. 25. 26. 27. 28. 29. 30.

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

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, 83, 84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P FLOWERS, VIRGINIA 5420 SE 17TH STREET OCALA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP SCHILBE, WALTER 5341 SE 18 LANE OCALA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T JARVIS, BEVERLY 5381 SE 18 LANE OCALA FL	3.1 TITLE	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Susan P. Bunnell
STREET ADDRESS		3.3 STREET ADDRESS	2151 S.E. 52nd CT.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ocala, FL. 34471
TITLE	D PRICHARD, VERNON 5490 SE 17TH ST OCALA FL	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Bob Brodsky
STREET ADDRESS		4.3 STREET ADDRESS	5380 S.E. 18th Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ocala, FL 34471
TITLE	D GELINAS, ALICE 1980 SE 52ND CT. OCALA FL	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Dave Wilson
STREET ADDRESS		5.3 STREET ADDRESS	5061 S.E. 18th St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ocala, FL. 34471
TITLE	D MCELHANEY, SHARLA 5450 SE 17TH STREET OCALA FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan P. Bunnell 4/10/96 (904) 224-2729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)