

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743172 (9)**  
1. Corporation Name  
**PROPERTY OWNER'S ASSOCIATION OF HUNTINGTON, INC.**



Principal Place of Business <b>5381 SE 18TH LANE OCALA, FL 32671 PO BOX 1932 SILVER SPRINGS FL 34488 US</b>	Mailing Address <b>2151 SE 52ND CT OCALA FL 34471-5753 US</b>
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3. Date Incorporated or Qualified <b>06/08/1978</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21 5420 SE 17th St.</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Ocala, FL</b>	City & State <b>28</b>
Zip <b>24 34471</b>	Country <b>25 USA</b>
	Country <b>29</b>
	<b>30</b>

4. FEI Number <b>59-0370570</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**MCCALL, WAYNE C.  
5380 S.E. 18TH. LANE  
P.O. BOX 1148  
OCALA FL 32870**

**AW**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FLOWERS, VIRGINIA</b>	
STREET ADDRESS	<b>5420 SE 17TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHILBE, WALTER</b>	
STREET ADDRESS	<b>5341 SE 18 LANE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUNNELL, SUSAN P</b>	
STREET ADDRESS	<b>2151 SE 52ND CT</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRODSKY, BOB</b>	
STREET ADDRESS	<b>5380 SE 18TH LANE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILSON, DAVE</b>	
STREET ADDRESS	<b>5061 SE 18TH ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCELHANEY, SHARLA</b>	
STREET ADDRESS	<b>5450 SE 17TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>Sec. &amp; Tres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Mr. Dave Wilson</b>	
3.3 STREET ADDRESS	<b>5061 S.E. 18th St</b>	
3.4 CITY-ST-ZIP	<b>Ocala, FL, 34471</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

*(Handwritten signatures and dates)*

CR2E037 (9/96)