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FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
 Amended 1998

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



DOCUMENT # 743172
 1. Corporation Name
 Property Owner's Association of
 Huntington, Inc.

Principal Place of Business Mailing Address
 5141 SE 18th St
 Ocala, FL 34471

3. Date Incorporated or Qualified
 6/8/78

4. FEI Number 59-0370570 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 5141 SE 18th St 26 5141 SE 18th St
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 Ocala FL 28 Ocala FL
 Zip Country Zip Country
 24 34471 25 Marion 29 34471 30 Marion

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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 Monica Cobine
 5141 SE 18th St
 Ocala, FL 34471

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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	Walter Skilbe	
STREET ADDRESS	5341 SE 18th Ln	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	Bill Spear	
STREET ADDRESS	4960 SE 17th St	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	Monica Cobine	
STREET ADDRESS	5141 SE 18th St	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Virginia Flowers	
STREET ADDRESS	5420 SE 17th St	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Donald Todd	
STREET ADDRESS	5440 SE 21st Ln	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Anita Catalanotto	
STREET ADDRESS	1851 SE 54th Terr	
CITY-ST-ZIP	Ocala, FL 34471	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Spear	
1.3 STREET ADDRESS	4960 SE 17th St	
1.4 CITY-ST-ZIP	Ocala, FL 34471	
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		<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 checked="" 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		

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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.

SIGNATURE: Monica Cobine Monica Cobine 4/9/98 352-624-3616
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)