

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90031 006 ****61.25

DOCUMENT # 743172

1. Entity Name

PROPERTY OWNER'S ASSOCIATION OF HUNTINGTON, INC.

Principal Place of Business

Mailing Address

5141 SE 18TH ST
 Ocala FL 34471
 US

5141 SE 18TH ST
 Ocala FL 34471-5767
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0370570

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBINE, MONICA
5141 SE 18TH ST
OCALA FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SPEAR, WILLIAM	
STREET ADDRESS	4960 S.W. 17TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COBINE, MONICA	
STREET ADDRESS	5141 S.E. 17TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOWERS, VIRGINIA	
STREET ADDRESS	5420 S.E. 17TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	TODD, DONALD	
STREET ADDRESS	5440 S.E. 21ST LANE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATALANOTTO, ANITA	
STREET ADDRESS	1851 S.E. 54TH TERRACE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	V	<input type="checkbox"/> Delete
NAME	COBINE, MIKE	
STREET ADDRESS	5141 SE 18TH ST	
CITY-ST-ZIP	OCALA FL 34471	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
 Date

352-624-3616
 Daytime Phone #

CR2E037 (9/99)