

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90001 023 \*\*\*\*61.25

0079692

**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  
 US

**819278**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1981 SE 5 2nd Ct**

3. Mailing Address

**1981 SE 5 2nd Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ocala FL**

City & State

**Ocala FL**

4. FEI Number

**59-0370570**

Applied For

Not Applicable

Zip

**34471**

Country

**USA**

Zip

**34471**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COBINE, MONICA**  
**5141 SE 18TH ST**  
**OCALA FL 34471**

7. Name and Address of New Registered Agent

Name **Alice Attard**

Street Address (P.O. Box Number is Not Acceptable)  
**1981 SE 5 2nd Ct**

City **Ocala**

**FL**

Zip Code **34471**

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

**Alice Attard, Secretary/Treasurer 4/2/01**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME             | STREET ADDRESS   | CITY-ST-ZIP     | Actions  |
|-------|------------------|------------------|-----------------|--|
| P     | Tim Novkov       | 5441 SE 18 LN    | Ocala, FL 34471 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST    | Alice Attard     | 1981 SE 5 2nd Ct | Ocala, FL 34471 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| D     | Stuart McElhenny | 5450 SE 17th St  | Ocala, FL 34471 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                  |                  |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |                  |                  |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |                  |                  |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

**Alice Attard**

**(352)**

**Secretary/Treasurer 4/2/01 694-1989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)