

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90655 019 ****61.25

DOCUMENT # 743172

1. Entity Name

PROPERTY OWNER'S ASSOCIATION OF HUNTINGTON, INC.

Principal Place of Business

Mailing Address

1981 SE 52ND CT
 OCALA FL 34471
 US

1981 SE 52ND CT
 OCALA FL 34471
 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

ATTARD, ALICE
1981 SE 52ND CT
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

QUESTIONS CALL 352-199-1989

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** Delete
 NAME **NOVKOV, TIM**
 STREET ADDRESS **5441 SE 18 LN**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition
 NAME **Beth Poulcher**
 STREET ADDRESS **5100 SE 17th ST**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE **ST** Delete
 NAME **ATTARD, ALICE**
 STREET ADDRESS **1981 SE 52ND CT**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition
 NAME **Cyndi Calvo**
 STREET ADDRESS **1941 SE 51st terr.**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE Delete
 NAME **MCELHENY, STUART**
 STREET ADDRESS **5450 SE 17TH STREET**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition
 NAME **Mike Michael Attard**
 STREET ADDRESS **1981 SE 52ND CT**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** Delete
 NAME **TODD, DONALD**
 STREET ADDRESS **5440 S.E. 21ST LANE**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition
 NAME **Ethel Novkov**
 STREET ADDRESS **5441 SE 18LN**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** Delete
 NAME **CATALANOTTO, ANITA**
 STREET ADDRESS **1851 S.E. 54TH TERRACE**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition

TITLE **V** Delete
 NAME **COBINE, MIKE**
 STREET ADDRESS **5141 SE 18TH ST**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE Change 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)