


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 743172
1. Entity Name
**PROPERTY OWNER'S ASSOCIATION OF HUNTINGTON,
INC.**



Principal Place of Business 5420 SE 18TH LANE OCALA, FL 34471 US	Mailing Address 5420 SE 18TH LANE OCALA, FL 34471 US
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DO NOT WRITE IN THIS SPACE



06062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0370570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BETTY, LETHA D
5420 SE 18TH LANE
OCALA, FL 34471

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, DAVID 5350 SE 18TH LANE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BETTY, LETHA D 5420 SE 18TH LANE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POUCHER, BETH 5100 SE 17TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGISTER, HUEY 1950 SE 54TH TERRACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATALANOTTO, ANITA 1851 S.E. 54TH TERRACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ONEGA, JUAN 5241 SE 18TH STREET OCALA, FL 34471

U00000766010
06/07/07-80002-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Letha D Betty 6/6/07 895-6683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #