


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90044 010 \*\*\*\*61.25

**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

**40000461**



2. Principal Place of Business - No P.O. Box # \*  
*same except zip*

3. Mailing Address  
 Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
 59-0370570

Applied For  
 Not Applicable

Zip  
**34480**

Country

Zip  
**34480**

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
*same except zip*

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

City

FL Zip Code  
**34480**

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: *Letha D Betty* Letha D Betty DATE: *1/4/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)

**Filing Fee is \$67.25 Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HILL, DAVID	
STREET ADDRESS	5350 SE 18TH LANE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BETTY, LETHA D	
STREET ADDRESS	5420 SE 18TH LANE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	POUCHER, BETH	
STREET ADDRESS	5100 SE 17TH STREET	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	REGISTER, HUEY	
STREET ADDRESS	1950 SE 54TH TERRACE	
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	ONEGA, JUAN	
STREET ADDRESS	5241 SE 18TH STREET	
CITY-ST-ZIP	OCALA, FL 34471	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>zip only 34480</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>zip only 34480</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>zip only 34480</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>zip only 34480</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>zip only 34480</i>	

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* Letha D Betty DATE: *1/4/08* 352-895-6683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #