


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90221 049 \*\*\*\*61.25

0059234

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



Principal Place of Business      Mailing Address  
**1981 SE 52ND CT**      **1981 SE 52ND CT**  
**OCALA FL 34471**      **OCALA FL 34471**  
**US**      **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**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**  
**ATTARD, ALICE**  
**1981 SE 52ND CT**  
**OCALA FL 34471**

*NO Change*

**7. Name and Address of New Registered Agent**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Attard*      DATE

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

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

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NOVKOV, TIM</b>	
STREET ADDRESS	<b>5441 SE 18 LN</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ATTARD, ALICE</b>	
STREET ADDRESS	<b>1981 SE 52ND CT</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POUCHER, BETH</b>	
STREET ADDRESS	<b>5100 SE 17TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TODD, DONALD</b>	
STREET ADDRESS	<b>5440 S.E. 21ST LANE</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CATALANOTTO, ANITA</b>	
STREET ADDRESS	<b>1851 S.E. 54TH TERRACE</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>COBINE, MIKE</b>	
STREET ADDRESS	<b>5141 SE 18TH ST</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
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		

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: *Attard*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-03      352-694-1989

CR2E037 (10/02)