

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N04648 (4)**

1. Corporation Name

**HUNTINGTON HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.**



Principal Place of Business

Mailing Address

3490 E LAKE ROAD  
SUITE C  
PALM HARBOR FL 34685  
US

P.O. BOX 1448  
PALM HARBOR FL 34682-1448  
US

3. Date Incorporated or Qualified  
**08/09/1984**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2520921**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCANNAVINO, DOMINICK  
MANAGEMENT AND ASSOCIATES  
3490 EAST LAKE ROAD, STE. C  
PALM HARBOR FL 34685**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.050? and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>TRULUCK, ALEX</del>	
STREET ADDRESS	<del>1600 HAMPTON LANE ---</del>	
CITY - ST - ZIP	<del>SAFETY HARBOR FL</del>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LIGHTWEIS, KARYN</b>	
STREET ADDRESS	<b>2402 HUNTINGTON BLVD</b>	
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>SWEENEY, MARY ---</del>	
STREET ADDRESS	<del>1618 HUNTINGTON PLAGE ---</del>	
CITY - ST - ZIP	<del>SAFETY HARBOR FL</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>CORRIGAN, KEVIN ---</del>	
STREET ADDRESS	<del>2406 HAMPTON LANE W-</del>	
CITY - ST - ZIP	<del>SAFETY HARBOR FL -</del>	
TITLE	<b>VB</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>LYNDE, KARLA ---</del>	
STREET ADDRESS	<del>1614 HAMPTON LANE ---</del>	
CITY - ST - ZIP	<del>SAFETY HARBOR FL ----</del>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, FRANCESCA</b>	
STREET ADDRESS	<b>2405 HUNTINGTON BLVD</b>	
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MONROE, KEN</b>	
1.3 STREET ADDRESS	<b>1611 HAMPTON LANE</b>	
1.4 CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>BROWN, LARRY</b>	
3.3 STREET ADDRESS	<b>2406 HAMPTON LANE WEST</b>	
3.4 CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	
4.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>LEISER, TODD</b>	
4.3 STREET ADDRESS	<b>1614 HAMPTON LANE</b>	
4.4 CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>GREENBERG, LESTER</b>	
5.3 STREET ADDRESS	<b>1609 HAMPTON COURT</b>	
5.4 CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>SOECHTIG, CLIFF</b>	
6.3 STREET ADDRESS	<b>2417 HUNTINGTON BLVD.</b>	
6.4 CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*

1-31-96 (813) 726-6202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)

HUNTINGTON HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.

ADDITIONAL DIRECTORS

D  
BARTZ, EDWARD  
1609 HAMPTON LANE  
SAFETY HARBOR FL

D  
JACOBSON, CHARLES  
2407 HUNTINGTON BLVD.  
SAFETY HARBOR FL