

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 3490 E. LAKE ROAD SUITE C PALM HARBOR FL 34685 US	Mailing Address P.O. BOX 1448 PALM HARBOR FL 34682-1448 US
---	--

3. Date Incorporated or Qualified 08/09/1984	3a. Date of Last Report 02/07/1996
4. FEI Number 59-2520921	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
**SCANNAVINO, DOMINICK
MANAGEMENT AND ASSOCIATES
3490 EAST LAKE ROAD, STE. C
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent
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 617.0502 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: _____ (NOTE: Registered Agent signature required when retreating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MONROE, KEN	
STREET ADDRESS	1611 HAMPTON LANE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIGHTWEIS, KARYN	
STREET ADDRESS	2402 HUNTINGTON BLVD	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BROWN, LARRY	
STREET ADDRESS	2406 HAMPTON LANE WEST	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEISER, TODD	
STREET ADDRESS	1614 HAMPTON LANE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENBERG, LESTER	
STREET ADDRESS	1809 HAMPTON COURT	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DAVIS, FRANCESCA	
STREET ADDRESS	2405 HUNTINGTON BLVD	
CITY-ST-ZIP	SAFETY HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FREDERICI, JEFFREY	
1.3 STREET ADDRESS	2402 HAMPTON LANE WEST	
1.4 CITY-ST-ZIP	SAFETY HARBOR FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FOSTER, TODD	
5.3 STREET ADDRESS	2415 HUNTINGTON BOULEVARD	
5.4 CITY-ST-ZIP	SAFETY HARBOR FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 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: Jeffrey Frederici SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/16/97 Daytime Phone #: (813) 789-1884

CR2E037 (9/96)

HUNTINGTON HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.

ADDITIONAL OFFICERS/DIRECTORS

D
LEVY, DAVID
1608 HAMPTON COURT
SAFETY HARBOR FL

D
BARTZ, EDWARD
1609 HAMPTON LANE
SAFETY HARBOR FL

D
JACOBSON, CHARLES
2407 HUNTINGTON BOULEVARD
SAFETY HARBOR FL