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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N04648 (4)
1. Corporation Name
HUNTINGTON HOMEOWNERS ASSOCIATION OF PINELLAS CO UNTY, INC.



Principal Place of Business Mailing Address
9490 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
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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 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	PD FREDERICI, JEFFREY 111111MPTON LANE W SAFETY HARBOR FL	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	2402 Hampton Lane West
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D LIGHTWEIS, KARYN 2402 HUNTINGTON BLVD SAFETY HARBOR FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SD STALEY, DAVID P.
STREET ADDRESS		2.3 STREET ADDRESS	1613 Hampton Ct.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Safety Harbor, FL 34695
TITLE	D BROWN, LARRY 2406 HAMPTON LANE WEST SAFETY HARBOR FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD LEISER, TODD 1814 HAMPTON LANE SAFETY HARBOR FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DV FOSTER, TODD 2415 HUNTINGTON BLVD SAFETY HARBOR FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DS DAVIS, FRANCESCA 2405 HUNTINGTON BLVD SAFETY HARBOR FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Levy, David
STREET ADDRESS		6.3 STREET ADDRESS	1608 Hampton Ct.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Safety Harbor, FL 34695

14. 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 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: Todd Leiser 4/29/98 (813) 789-1287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088474

CR2E037 (10/97)

Addition

D

**GREENBERG, LESTER
1609 Hampton Court
Safety Harbor, FL 34695**

D

**SMITH, ROBERT
1606 Hampton Lane
Safety Harbor, FL 34695**