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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04648

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
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2. Principal Place of Business 21 1050A ELW PKWY Suite, Apt. #, etc.	2a. Mailing Address 26 1050A ELW PKWY Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/09/1984
22	27	4. FEI Number 59-2520921
23 City & State OLDSMAR FL	28 City & State OLDSMAR FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 34677	25 Country PINELLAS	29 Zip 34677
30 Country PINELLAS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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) 1050A ELW PKWY 83 84 City OLDSMAR FL 85 Zip Code 34677
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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]* DATE: **2/10/99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREDERICI, JEFFREY		1.2 NAME	
STREET ADDRESS 2402 HAMPTON LANE WEST		1.3 STREET ADDRESS	
CITY-ST-ZIP SAFETY HARBOR FL		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STAILEY, DAVID P		2.2 NAME	
STREET ADDRESS 1613 HAMPTON CT		2.3 STREET ADDRESS	
CITY-ST-ZIP SAFETY HARBOR FL 34695		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROWN, LARRY		3.2 NAME ROBERT SMITH	
STREET ADDRESS 2406 HAMPTON LANE WEST		3.3 STREET ADDRESS 1606 HAMPTON LANE	
CITY-ST-ZIP SAFETY HARBOR FL		3.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEISER, TODD		4.2 NAME ROBERT MOORE	
STREET ADDRESS 1614 HAMPTON LANE		4.3 STREET ADDRESS 2406 HUNTINGTON BLVD	
CITY-ST-ZIP SAFETY HARBOR FL		4.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE DV	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOSTER, TODD		5.2 NAME	
STREET ADDRESS 2415 HUNTINGTON BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP SAFETY HARBOR FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEVY, DAVID		6.2 NAME KENNETH MONROE	
STREET ADDRESS 1608 HAMPTON CT		6.3 STREET ADDRESS 1611 HAMPTON LANE	
CITY-ST-ZIP SAFETY HARBOR FL 34695		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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2/9/99** (727) 789-1284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)