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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 # N08554

1. Corporation Name
HUCKLEBERRY FIELDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 100 E. SYBELIA AVE STE 130 MAITLAND FL 32751 US	Mailing Address 100 E. SYBELIA AVE STE 130 MAITLAND FL 32751 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/05/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2643070
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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		10. Name and Address of New Registered Agent	
KIEBZAK, KEITH R. KL MA I 100 E SYBELIA AVE STE 130 MAITLAND FL 32751		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 _____ DATE _____
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 SD	LOBEN, LORRAINE	1.1 TITLE	VD
NAME	100 E. SYBELIA AVE #130	1.2 NAME	Loben, Lorraine
STREET ADDRESS	MAITLAND FL 32751	1.3 STREET ADDRESS	100 E. Sybelia Ave. #130
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Maitland FL 32751
TITLE VTD	HAMMONS, KEN	2.1 TITLE	STD
NAME	100 E. SYBELIA AVE #130	2.2 NAME	Hammons, Ken
STREET ADDRESS	MAITLAND FL	2.3 STREET ADDRESS	100 E. Sybelia Ave #130
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Maitland FL 32751
TITLE PD	HALL, STEPHEN	3.1 TITLE	
NAME	100 E. SYBELIA AVE #130	3.2 NAME	
STREET ADDRESS	MAITLAND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Atkins, Sam
STREET ADDRESS		4.3 STREET ADDRESS	100 E. Sybelia Ave. #130
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Hinson, Lois
STREET ADDRESS		5.3 STREET ADDRESS	100 E. Sybelia Ave #130
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Maitland FL 32751
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Katherine R. Harris* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

407/740-8018

CR2E037 (11/98)