


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90162 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N08554 1. Corporation Name HUCKLEBERRY FIELDS HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business	Mailing Address	
100 E. SYBELIA AVE STE 130 MAITLAND FL 32751 US	100 E. SYBELIA AVE STE 130 MAITLAND FL 32751 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/05/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2643070
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
30	31	\$8.75 Additional Fee Required
32	33	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
34	35	\$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

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 <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOBEN, LORRAINE	1.2 NAME	Loben, Lorraine
STREET ADDRESS	100 E. SYBELIA AVE #130	1.3 STREET ADDRESS	100 E. Sybelia Ave. #130
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	Maitland FL 32751
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMONS, KEN	2.2 NAME	Hammons, Ken
STREET ADDRESS	100 E. SYBELIA AVE #130	2.3 STREET ADDRESS	100 E. Sybelia Ave #130
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	Maitland FL 32751
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, STEPHEN	3.2 NAME	
STREET ADDRESS	100 E. SYBELIA AVE #130	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 **TITLE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

407/740-8018
Daytime Phone #

CR2E037 (11/98)