FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 2-27-95 — C

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
B-1585 Bruce B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09817 (0)

1. Corporation Name

HUNTINGTON GROUP MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O R CARLTON WARD 1253 PARK ST. CLEARWATER FL 34616 US	C/O R CARLTON WARD 1253 PARK ST. CLEARWATER FL 34616 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1985
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2821699 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WARD, R CARLTON
1253 PARK ST.
CLEARWATER FL 34616

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 607.0502 and 607.1508, 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 607.0505, 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~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~SCHENK, MARVIN~~	1.2 NAME	Charles Petrelli	
STREET ADDRESS	~~1200 HUNTINGTON LANE~~	1.3 STREET ADDRESS	1002 Chatham Court	
CITY-ST-ZIP	~~SAFETY HARBOR FL~~	1.4 CITY-ST-ZIP	Safety Harbor Fl 34695	
TITLE	~~VD~~	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~PETRELLI, CHARLES~~	2.2 NAME	Richard Kerosky	
STREET ADDRESS	~~1002 CHATHAM CT~~	2.3 STREET ADDRESS	1021 Wyndham Way	
CITY-ST-ZIP	~~SAFETY HARBOR FL~~	2.4 CITY-ST-ZIP	Safety Harbor Fl 34695	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	ALTERIO, PATRICIA	3.2 NAME		
STREET ADDRESS	1016 CHILLUM COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP		
TITLE	~~VD~~	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~MOLEAN, SUSAN~~	4.2 NAME	Eric Louttit	
STREET ADDRESS	~~1019 WYNDHAM WAY~~	4.3 STREET ADDRESS	1028 Wyndham Way	
CITY-ST-ZIP	~~SAFETY HARBOR FL~~	4.4 CITY-ST-ZIP	Safety Harbor Fl 34695	
TITLE	~~SD~~	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~EPSTEIN, LISA~~	5.2 NAME	Edward Holt	
STREET ADDRESS	~~1024 WYNDHAM WAY~~	5.3 STREET ADDRESS	1205 Huntington Lane	
CITY-ST-ZIP	~~SAFETY HARBOR FL~~	5.4 CITY-ST-ZIP	Safety Harbor Fl 34695	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Patricia A. Alterio — (813) 725-1635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #