

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90246 006 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N09817 1. Corporation Name HUNTINGTON GROUP MASTER ASSOCIATION, INC.		
Principal Place of Business C/O SEABORAD ARBORS 1700 MCMULLEN BOOTH RD CLEARWATER FL 33759 US	Mailing Address 1700 MCMULLEN BOOTH RD SUITE C3 CLEARWATER FL 33759 US	

2. Principal Place of Business 21 2189 CLEVELAND ST	2a. Mailing Address 26 2189 CLEVELAND ST	3. Date Incorporated or Qualified 06/18/1985
Suite, Apt. #, etc. 22 SUITE 225	Suite, Apt. #, etc. 27 SUITE 225	4. FEI Number 59-2821699
City & State 23 CLEARWATER, FL	City & State 28 CLEARWATER, FL	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Zip 24 33765	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
Country 29 USA	Zip 30 33765	

9. Name and Address of Current Registered Agent LEIGHTON, LENNARD A 1700 MCMULLEN BOOTH RD SUITE C3 CLEARWATER FL 33759	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2189 CLEVELAND ST 83 SUITE 225 84 City CLEARWATER FL 85 Zip Code 33765
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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 **4/27/99**

Signature of officer or director of registered agent and not applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☒ DELETE	1.1 TITLE PD	☐ Change ☒ Addition
NAME MASSIEL, RICHARD		1.2 NAME MARIE PADAVICH	
STREET ADDRESS 1217 HUNTINGTON LN		1.3 STREET ADDRESS 901 KINGS COTE COURT	
CITY-ST-ZIP SAFETY HARBOR FL 34695		1.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE VPO	☒ DELETE	2.1 TITLE VD	☐ Change ☒ Addition
NAME EPSTEIN, USA		2.2 NAME MARK REINHART	
STREET ADDRESS 1024 WYNDHAM		2.3 STREET ADDRESS 1023 CHILLUM COURT	
CITY-ST-ZIP SAFETY HARBOR FL 34695		2.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE SD	☒ DELETE	3.1 TITLE SD	☐ Change ☒ Addition
NAME DAMKOEHLER, SHAWN		3.2 NAME JAN TRACY	
STREET ADDRESS 1115 HUNTINGTON LN		3.3 STREET ADDRESS 1006 WYNDHAM WAY	
CITY-ST-ZIP SAFETY HARBOR FL 34695		3.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE TD	☐ DELETE	4.1 TITLE TD	☒ Change ☐ Addition
NAME HAJIKO, BILL		4.2 NAME	
STREET ADDRESS 1110 CHESHIRE		4.3 STREET ADDRESS	
CITY-ST-ZIP SAFETY HARBOR FL 34695		4.4 CITY-ST-ZIP	
TITLE D	☒ DELETE	5.1 TITLE D	☐ Change ☒ Addition
NAME FIELD, DAVID		5.2 NAME GREG FISHER	
STREET ADDRESS 1215 HUNTINGTON LN		5.3 STREET ADDRESS 1003 CHATHAM COURT	
CITY-ST-ZIP SAFETY HARBOR FL 34695		5.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE	☐ DELETE	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 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 127-736-5100

CR2E037 (11/98)