2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90158 012 ****61.25

DOCUMENT # N09817

1. Entity Name

HUNTINGTON GROUP MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2189 CLEVELAND ST STE 225 CLEARWATER FL 33765	2189 CLEVELAND ST STE 225 CLEARWATER FL 33765-3234 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2821699 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEIGHTON, LENNARD R 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765	Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PADAVICH, MARIE 907 KINGS COTE CT SAFETY HARBOR FL 34695 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P.D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REINHEIMER, MARK 1023 CHILLUM CT SAFETY HARBOR FL 34695 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TRACY, JAN 1006 WYNDHAM WAY SAFETY HARBOR FL 34695 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAJKO, BILL 1110 CHESHIRE SAFETY HARBOR FL 34695 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JACK BRUNTON 913 KINGSCOTE COURT SAFETY HARBOR FL 34695 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISHER, GREG 1003 CHATHAM CT SAFETY HARBOR FL 34695 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARBARA HAJKO 1110 CHESCHIRE COURT SAFETY HARBOR FL 34695 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Hajko 1-13-00
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date