## FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N37405

Corporat on Name

Principal Place of Business

## HUNTINGTON POINTE COMMUNITY ASSOCIATION, INC.

Sulte, Apt. #, etc.  4. FEI Number  65-05:33000  Not Applicable  Sp. Country  City & State  Zip  Country  Zip  Country  Zip  Country  Sp. Countr	SUITE E-3	RASOTA FL 34233 SARASOTA FL 34233							
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Principal Place of Business     2a. Mailing Address						,		
27   27   27   27   27   27   27   27	21	26							
City & Sate  City & Sate  City & State  Zip  Country  St.00 Mays Be  Added to Fees  Added to Fees  9. Name and Address of Current Registered Agent  St. Name  MANAGEMENT CONCEPTS OF SARASOTA CO INC  Signature  Sign		te, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Арр	ied For
City & State    City & State	22		27				65-0333000		<del></del>
28	City & S:a	te	City & State	City & State			5. Certificate of Status Desired	<b>*</b>	
Added to Fees  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  MANAGEMENT CONCEPTS OF SARASOTA CO INC 5550 BIE RIDGE ROAD SUITE I:-3 SARASOTA FL 34233  11. Pursuant to the provisions of Sections 617.050; and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bot h, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent, and ascept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITI DIS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. TITLE  16. TITLE  17. TITLE  18. SARASOTA FL  18. Signature, hyped or printed in-ima of registered agent and title if applicable.  18. INTITLE  18. ADDITI DIS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITI DIS/CHANGES TO OFFICERS AND DIRECTORS And DIRECTORS  18. ADDITI DIS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITI DIS/CHANGES TO OFFICERS AND DIRECTORS And DIRECTORS  18. ADDITI DIS/CHANGES TO OFFICERS AND DIRECTORS And DIRECTORS  18. ADDITI DIS/CHANGES TO OFFICERS AND DIRECTORS And DIRECTORS  18. ADDITI DIS/CHANGES TO OFFICERS AND DIRECTORS And DIRECTORS  18. ADDITI DIS/CHANGES TO OFFICERS AND DIRECTORS And DIRECTORS  18. ADDITI DIS/CHANGES TO OFFICERS AND DIRECTORS And DIRECTORS  18. ADDITI DIS/CHANGES TO OFFICERS AND DIRECTORS And DIRECTORS  18. ADDITI DIS/CHANGES TO OFFICERS  18. ADDITI DIS/CHANGES TO OFFICERS  18. ADDITI DIS/CHANGES TO OFFICERS  29. ADDIT DIS/CHANGES TO OFFICERS  20. ADDIT DIS/CHANGES TO OFFICERS  20	23						5. 00/110/10 5/ 0/1105 25/1105		
9. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  81 Name  MANAGEMENT CONCEPTS OF SARASOTA CO INC 5550 BIZE RIDGE ROAD  SUITE 1::3  SARASOTA FL 34233  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0500; and 617.1508, Florida Statutes, the corporation submits this statement for the purpose of changing its registered office or registered agent, or bcth, 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 a scept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed nume or registered agen and title if applicable. (NOTE: Registered Agent age	Zip			untry		. •			
MANAGEMENT CONCEPTS OF SARASOTA CO INC  5550 BIE RIDGE ROAD SUITE II:-3 SARASOTA FL 34233  84 City FL 85 Zip Code  11. Pursuant to the provisions of Suctions 617.050; and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bit in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent, and provided number of registered agent and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signature, typiad or printed number of registered agent and lite if applicable. (NOTE Registered Agent signature registered Agent signatur	24		<del></del>	30	30		Trust Fund Contribution		Fees
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SUITE 1E-3 SARASOTA FL 34233  14. 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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  TO  OFFICERS AND DIRECTORS  13. ADDITI DNS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TD  INHARES, IKE  12. NAME  LINHARES, IKE  12. NAME  STREET ADDRESS  STREET ADDRESS  SARASOTA FL  14. CITY-ST-ZIP  SARASOTA FL  14. CITY-ST-ZIP  SARASOTA FL  15. STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  16. CITY ST-ZIP  SARASOTA FL  22. NAME  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  34233  XIDELETE  3.1 TITLE  VD  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  MILLS, ROBERT					81	Name			
SUTTE 1E-3 SARAS-DTA FL 34233  14. 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, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent. I am familiar with, and a scept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with, and a scept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent. I am familiar with, and a scept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. In the corporation's board of directors. I hereby accept the appointment as registered agent. In the corporation submits this statement for the purpose of changing its registered agent. In the corporation submits this statement for the purpose of changing its registered agent. In the corporation submits this statement for the purpose of changing its registered agent. In the corporation submits this statement for the purpose of changing its registered agent agent. In the corporation submits this statement for the purpose of changing its registered agent agent. In the corporation submits this statement for the purpose of changing its registered agent agent. In the corporation submits discreters. In the corporation submits discreters. In the corporation submits discreters. In the corporation submits d	MANAGE	MENT CONCEPTS OF SARAS	SOTA CO INC		82	Street	Address (P.O. Bo) Number is Not Acceptable)		
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SARASOTA FL 34233  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of lirectors. I hereby accept the approintment as registered agent. I am familiar with, and a cept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed nume of registered agent and title if applicable.					83				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named curporation submits this statement for the purpose of changing its registered agent, or bc th, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agen and title if applicable. (NOTE: Registered Agent signature required when reinstating. DATE  12. OFFICERS AND DIRECTORS  13. ADDITI DNS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS IN 12  TITLE  TO  UNHARES, IKE  12. NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  SARASOTA					84	City		85 Zip C	ode
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TD  NAME  LINHARES, IKE  STREET ADDRESS  4239 HEARTHSTONE DRIVE  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  TITLE  SD  DELETE  14 CITY-ST-ZIP  TITLE  SD  NAME  KRAMER, ROBERT  STREET ADDRESS  8942 HUNTINGTON POINT DR  STREET ADDRESS  8942 HUNTINGTON POINT DR  CITY-ST-ZIP  SARASOTA FL 34233  TITLE  VD  NAME  BEUTLE, JUNE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.1 TITLE  1.2 NAME  1.2 NAME  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.5 TITLE  VD  Change  Addition  Change  Addition  Change  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition	SIGNATURE			NO E Desister	d Agon	t over et ure r	na irod when reinstating		
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NAME BEUTLE, JUNE 32 NAME MILLS, ROBERT			<b>■</b> DELET				VD	Change	Addition
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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 subtracted 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 except the triple this report as required by Charter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attachment with applications.

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

SIGNATURE:

SARASOTA FL

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Date

Daytime Phone #

☐ Change

☐ Add:tion

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90231 005 \*\*\*\*61.25

32E037 (11/98)