

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

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

**DOCUMENT # N37405**

1. Corporation Name

**HUNTINGTON POINTE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

5550 BEE RIDGE ROAD  
SUITE E-3  
SARASOTA FL 34233  
US

Mailing Address

5550 BEE RIDGE ROAD  
SUITE E-3  
SARASOTA FL 34233  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29

30

3. Date Incorporated or Qualified

03/27/1990

4. FEI Number

65-0633000

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MANAGEMENT CONCEPTS OF SARASOTA CO INC  
5550 BEE RIDGE ROAD  
SUITE E-3  
SARASOTA FL 34233

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 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, typed or printed name of registered agent and title if applicable.

(NO) E: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETETD  
NAME LINHARES, IKE  
STREET ADDRESS 4239 HEARTHSTONE DRIVE  
CITY-STATE-ZIP SARASOTA FLTITLE ☐ DELETESD  
NAME KRAMER, ROBERT  
STREET ADDRESS 8942 HUNTINGTON POINT DR  
CITY-STATE-ZIP SARASOTA FL 34233TITLE ☒ DELETEVD  
NAME BEUTLE, JUNE  
STREET ADDRESS 8882 HUNTINGTON POINTE DRIVE  
CITY-STATE-ZIP SARASOTA FLTITLE ☒ DELETED  
NAME CHACON, JORGE  
STREET ADDRESS 4108 HEARTHSTONE DR  
CITY-STATE-ZIP SARASOTA FLTITLE ☐ DELETEPD  
NAME GERMANO, RICHARD  
STREET ADDRESS 4194 HEARTHSTONE DRIVE  
CITY-STATE-ZIP SARASOTA FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)