

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000290 (4)**

1. Corporation Name

**HUNTINGTON NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business <b>2180 W SR 434 #5000 LONGWOOD FL 32779-5044</b>	Mailing Address <b>2180 W SR 434 #5000 LONGWOOD FL 32779-5044</b>
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3. Date Incorporated or Qualified <b>01/17/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-3387613</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WATSKY, MORRIS J 700 N.W. 107TH AVE. MIAMI FL 33172</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>JAMES W. HART, JR</b>	
82 Street Address (P.O. Box Number Is Not Acceptable) <b>SENTRY MANAGEMENT, INC.</b>	
83 <b>2180 W SR 434, STE 5000</b>	
84 City <b>LONGWOOD</b>	85 Zip Code <b>FL 32779</b>

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 \_\_\_\_\_ DATE **1/30/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>HACKER, E. BING</b>	
STREET ADDRESS <b>14145 KINGS RIDGE BLVD.</b>	
CITY-ST-ZIP <b>CLERMONT FL 34711</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DI GEORGE, MARCO T</b>	
STREET ADDRESS <b>14145 KINGS RIDGE BLVD.</b>	
CITY-ST-ZIP <b>CLERMONT FL 34711</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>AMES, MARSHALL H</b>	
STREET ADDRESS <b>14145 KINGS RIDGE BLVD.</b>	
CITY-ST-ZIP <b>CLERMONT FL 34711</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>VPD LUNKO, DON</b>	
2.3 STREET ADDRESS <b>1900 KINGS RIDGE BLVD</b>	
2.4 CITY-ST-ZIP <b>CLERMONT FL 34711</b>	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>STD SODERMARK, CHRISTINE</b>	
3.3 STREET ADDRESS <b>1900 KINGS RIDGE BLVD</b>	
3.4 CITY-ST-ZIP <b>CLERMONT FL 34711</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_ DATE **3/14/97** (12) 243-1917

CR2E037 (9/96)