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Apr 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000290

1. Corporation Name
HUNTINGTON NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business 2180 W SR 434 #5000 LONGWOOD FL 32779-5044	Mailing Address 2180 W SR 434 #5000 LONGWOOD FL 32779-5044
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/17/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3387613
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

HART, JAMES W JR.
 SENTRY MANAGEMENT INC
 2180 W SR 434, STE. 5000
 LONGWOOD FL 32779

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HACKER, E. BING		1.2 NAME Conniff, Richard	
STREET ADDRESS 1900 KINGS RIDGE RD		1.3 STREET ADDRESS 2221 Kingsmill Way	
CITY-ST-ZIP CLERMONT FL 34711		1.4 CITY-ST-ZIP Clermont, FL 34711	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUNKO, DON		2.2 NAME Finch, Joan	
STREET ADDRESS 1900 KINGS RIDGE BLVD.		2.3 STREET ADDRESS 2107 Stonebridge Way	
CITY-ST-ZIP CLERMONT FL		2.4 CITY-ST-ZIP Clermont, FL 34711	
TITLE STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SODERMARK, CHRISTINE		3.2 NAME Medow, Robert	
STREET ADDRESS 1900 KINGS RIDGE BLVD.		3.3 STREET ADDRESS 3607 Fairfield Drive	
CITY-ST-ZIP CLERMONT FL		3.4 CITY-ST-ZIP Clermont, FL 34711	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Hamel, Leonard	
STREET ADDRESS		4.3 STREET ADDRESS 2242 Belsfield Circle	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Clermont, FL 34711	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Potolicchio, Rodney	
STREET ADDRESS		5.3 STREET ADDRESS 3658 Hawkshead Drive	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Clermont, FL 34711	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard P. Conniff DATE: 3/10/99 DAYTIME PHONE #: 242-3789

CR2E037-1(1/98)