

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90140 001 ****61.25

DOCUMENT # N96000000290

1. Entity Name

HUNTINGTON NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 W SR 434 #5000
 LONGWOOD FL 32779-5044

2180 W SR 434 #5000
 LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3387613

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

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

Name

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMEL, LEONARD	NAME	
STREET ADDRESS	2242 BELSFIELD CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTOLICCHIO, RODNEY	NAME	DICKINSON, ROBERT
STREET ADDRESS	3658 HAWKSHEAD DR	STREET ADDRESS	3705 Huntington
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	Clermont, FL 34711
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNIFF, RICHARD	NAME	BORNGESSER, ROBERT
STREET ADDRESS	2221 KINGSMILL WAY	STREET ADDRESS	3627 Hawkshead Dr
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	Clermont, FL 34711
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINCH, JOAN	NAME	GRAY, WILLIAM
STREET ADDRESS	2107 STONEBRIDGE WAY	STREET ADDRESS	2225 Kingsmill Way
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	Clermont, FL 34711
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEDOW, ROBERT	NAME	CRANE, CHUCK
STREET ADDRESS	3607 FAIRFIELD DR	STREET ADDRESS	3644 Hawkshead Dr
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	Clermont, FL 34711
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 the empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Dickinson
 Robert Dickinson
 3-1-00

352-242-3826