

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000290

1. Entity Name

HUNTINGTON NEIGHBORHOOD ASSOCIATION, INC.

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

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

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

4. FEI Number

59-3387613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HAMEL, LEONARD
CITY-ST-ZIP 2242 BELSFIELD CIRCLE
CLERMONT FL 34711

TITLE ☒ Delete
NAME D
STREET ADDRESS POTOLICCHIO, RODNEY
CITY-ST-ZIP 3658 HAWKSHEAD DR
CLERMONT FL 34711

TITLE ☒ Delete
NAME PD
STREET ADDRESS CONNIFF, RICHARD
CITY-ST-ZIP 2221 KINGSMILL WAY
CLERMONT FL 34711

TITLE ☒ Delete
NAME VD
STREET ADDRESS FINCH, JOAN
CITY-ST-ZIP 2107 STONEBRIDGE WAY
CLERMONT FL 34711

TITLE ☒ Delete
NAME STD
STREET ADDRESS MEDOW, ROBERT
CITY-ST-ZIP 3607 FAIRFIELD DR
CLERMONT FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME PD
STREET ADDRESS DICKINSON, ROBERT
CITY-ST-ZIP 3705 Huntington
Clermont, FL 34711

TITLE ☐ Change ☒ Addition
NAME TD
STREET ADDRESS BORNGESSER, ROBERT
CITY-ST-ZIP 3627 Hawkshead Dr
Clermont, FL 34711

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS GRAY, WILLIAM
CITY-ST-ZIP 2225 Kingsmill Way
Clermont, FL 34711

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS CRANE, CHUCK
CITY-ST-ZIP 3644 Hawkshead Dr
Clermont, FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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
5-1-00

352-242-3826