

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000290

FILED
Apr 13, 2009
Secretary of State

Entity Name: HUNTINGTON NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

PREMIER COMMUNITY MANAGERS INC
5151 ADANSON AVE. SUITE 103
ORLANDO, FL 32804

New Principal Place of Business:

PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST., SUITE 103
ORLANDO, FL 32804

Current Mailing Address:

PREMIER COMMUNITY MANAGERS INC
5151 ADANSON AVE. SUITE 103
ORLANDO, FL 32804

New Mailing Address:

PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST., SUITE 103
ORLANDO, FL 32804

FEI Number: 59-3387613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSE, GARY
PREMIER COMMUNITY MANAGERS INC
5151 ADANSON AVE., STE.103
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

HOUSE, GARY
PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST., STE.103
ORLANDO, FL 32804 US

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:

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WIEGAND, CAROL
Address: 3717 FAIRFIELD DR
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: ROVOLINSKI, ARTHUR
Address: 3665 HAWKSHEAD DR.
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: KRUCZYK, LEN
Address: 3731 HASTING LANE
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: BAKER, CAROL
Address: 3623 HAWK SHEAD DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: MAKOWSKI, THAD
Address: 3715 FAIRFIELD DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, KATE
Address: 3645 HAWKSHEAD DR
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL WIEGAND

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date