

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90164 010 ****61.25

DOCUMENT # N96000000290

1. Entity 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~~

2. Principal Place of Business

Penn First Management, Inc.
1813 N Dean Road
Suite 103
Orlando, FL 32817

3. Mailing Address

Penn First Management, Inc.
1813 N Dean Road
Suite 103
Orlando, FL 32817



☒ CHECK HERE IF MAKING CHANGES

FBI Number **59-3387613**

Applied For

Not Applicable

Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Penn First Management, Inc.
1813 N Dean Road
Suite 103
Orlando, FL 32817

L 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> VD HAMEL, LEONARD 2242 BELSFIELD CIRCLE CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> TD CONNIFF, DICK 2221 KINGSMILL WAY CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> PD GRAY, WILLIAM 2225 KINGSMILL WAY CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> SD CRANE, CHUCK 3844 HAWKSHEAD DRIVE CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> D BORNGESSER, BOB 3627 HAWKSNEAD DRIVE CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/20/03

CR2E037 (10/02)