


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90242 024 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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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		2a. Mailing Address	3. Date Incorporated or Qualified 01/17/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27	4. FEI Number 59-3387613	Applied For Not Applicable
22 City & State	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country	28 Zip Country	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
HART, JAMES W JR. SENTRY MANAGEMENT INC 2180 W SR 434, STE. 5000 LONGWOOD FL 32779			81 Name	
			82 Street Address (P.O. Box Number is Not Acceptable)	
			83	
			84 City	FL 85 Zip Code

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		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
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* **SIGNATURE REQUIRED** 3/10/99 242-3789  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-1(1/98)