


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90040 033 ****61.25

DOCUMENT # N96000000290 1. Entity Name HUNTINGTON NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business PENN FIRST MGMT, INC. 1813 N. DEAN RD, STE 103 ORLANDO, FL 32817		Mailing Address PENN FIRST MGMT, INC. 1813 N. DEAN RD, STE 103 ORLANDO, FL 32817	
2. Current Registered Agent %PREMIER COMMUNITY MANAGERS 1255 BELLE AVE #167 WINTER SPRINGS, FL 32708		3. Mailing Address %PREMIER COMMUNITY MANAGERS 1255 BELLE AVE #167 WINTER SPRINGS, FL 32708	
4. FEI Number 59-3387613		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENN FIRST MGMT, INC. 1813 N. DEAN RD SUITE 103 ORLANDO, FL 32817		7. Name and Address of New Designated Agent N S GARY HOUSE %PREMIER COMMUNITY MANAGERS 1255 BELLE AVE #167 C WINTER SPRINGS, FL 32708 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 <i>Gay House</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 1-27-04 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD HAMEL, LEONARD <input type="checkbox"/> Delete 2242 BELSFIELD CIRCLE CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GEORGE SEDLACEK 2255 STONE BRIDGE WAY CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete CONNIFF, DICK 2221 KINGSMILL WAY CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROSE MARY GARRABRANDT 3705 FAIRFIELD DR CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SD <input type="checkbox"/> Delete GRAY, WILLIAM 2225 KINGSMILL WAY CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete CRANE, CHUCK 3844 HAWKSHEAD DRIVE CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BORNGESSER, BOB 3627 HAWKSNEAD DRIVE CLERMONT, FL 34711	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"/> 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 like empowered.			
SIGNATURE: <i>Leonard A Hamel</i> LEONARD A. HAMEL President		Date 352- Daytime Phone # 241-0368	