

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90022 004 \*\*\*\*61.25

**DOCUMENT # N96000000290**

1. Entity Name

HUNTINGTON NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

% PREMIER COMMUNITY MANAGERS  
1255 BELLE AVE #167  
WINTER SPRINGS FL 32708

Mailing Address

% PREMIER COMMUNITY MANAGERS  
1255 BELLE AVE #167  
WINTER SPRINGS FL 32708



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

% PREMIER COMMUNITY MANAGERS, INC

Suite, Apt. #

% PREMIER COMMUNITY MANAGERS, INC

City & State  
Orlando, FL 32810

City & State

Orlando, FL 32810

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3387613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUSE, GARY  
%PREMIER COMMUNITY MANAGERS  
1255 BELLE AVE #167  
WINTER SPRINGS FL 32708

Name

Street Address (P.O. Box Number is Not Acceptable)

% PREMIER COMMUNITY MANAGERS, INC  
5151 Adanson Ave Suite 99  
Orlando, FL 32810

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. 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 reconstituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMEL, LEONARD 2242 BELSFIELD CIRCLE CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD INGMANSON, RICHARD 3909 ALLAMANDA CT CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, WILLIAM 2225 KINGSMILL WAY CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARRABRANDT, ROSE MARY 3705 FAIRFIELD DR CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORNGESSER, BOB 3627 HAWKSNEAD DRIVE CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUST ARTHUR Revolinski 3645 Hawkshead Dr Clermont, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 119, 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:

Leonard A. Hamel  
LEONARD A. HAMEL  
PRESIDENT