2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90046 032 ****61.25

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1. Entity Name
HUNTINGTON NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% PREMIER COMMUNITY MANAGERS 515 ADANSON AVE., STE 99 ORLANDO, FL 32810	% PREMIER COMMUNITY MANAGERS 515 ADANSON AVE., STE 99 ORLANDO, FL 32810

2. Principal Place of Business - No P.O. Box #

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

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5151 ADANSON ST SUITE 103
ORLANDO, FL 32804

01312007 Chg-NP CR2E037 (12/06)

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 5151 ADANSON AVE., STE.99 ORLANDO, FL 32810	Name Gary House PREMIER COMMUNITY MANAGERS INC 5151 ADANSON ST SUITE 103 ORLANDO, FL 32804 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	PD HAMEL, LEONARD 2242 BELSFIELD CIRCLE CLERMONT, FL 34711	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAROL WIEGAND 3717 FAIRFIELD DR CLERMONT, FL 34711	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROVOLINSKI, ARTHUR 3665 HAWKSHEAD DR. CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Len Kruczyk 3731 HASTING LANE CLERMONT, FL 34711	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRAY, WILLIAM 2225 KINGSMILL WAY CLERMONT, FL 34711	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAROL BAKER 3623 HAWKSHEAD DRIVE CLERMONT, FL 34711	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BORNGESSER, BOB 3627 HAWKSNEAD DRIVE CLERMONT, FL 34711	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	THAD MAKOWSKI 3715 FAIRFIELD DRIVE CLERMONT, FL 34711	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ARTHUR REVOLINSKI - TREASURER Arthur Revolinski 3/30/07 352-243-1085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #