

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743172

**FILED
Mar 08, 2019
Secretary of State
8289148964CC**

Entity Name: PROPERTY OWNER'S ASSOCIATION OF HUNTINGTON, INC.

Current Principal Place of Business:

1810 SE 50TH TERRACE
OCALA, FL 34480

Current Mailing Address:

P.O. BOX 662
SILVER SPRINGS, FL 34489-0662 US

FEI Number: 59-0370570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALL, MARY K
4961 SE 18 STREET
OCALA, FL 34480 US

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.

SIGNATURE: MARY K. HALL

03/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CATALANOTTO, ANITA
Address 1851 S.E. 54TH TERRACE
City-State-Zip: Ocala FL 34480

Title DIRECTOR
Name POUCHER, BETH
Address 5100 SE 17TH ST
City-State-Zip: Ocala FL 34480

Title PRESIDENT
Name RAMASCO, DREW
Address 1810 SE 50TH TERR
City-State-Zip: Ocala FL 34480

Title VP
Name HALL, MARY
Address 4961 SE 18TH ST
City-State-Zip: Ocala FL 34480

Title SECRETARY/TREASURER
Name POUCHER, MICHAEL
Address 1950 SE 52ND CT
City-State-Zip: Ocala FL 34480

Title DIRECTOR
Name GRANTHAM, KATRINA
Address 5400 SE 17TH ST, UNIT A
City-State-Zip: Ocala FL 34480

Title DIRECTOR
Name INTERDONATO, TINA
Address 4960 SE 17TH ST
City-State-Zip: Ocala FL 34471

Title SECRETARY, TREASURER
Name RAMASCO, YASMIN
Address 1810 SE 50TH TERR
City-State-Zip: Ocala FL 34480

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL POUCHER

SECRETARY/TREASURER 03/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BAILEY, JIM
Address 5241 SE 18TH ST
City-State-Zip: Ocala FL 34480