

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743172

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

**FILED**  
**Apr 25, 2022**  
**Secretary of State**  
**4431816882CC**

**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**

**04/25/2022**

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

Title DIRECTOR  
Name SAPP, MARK  
Address 5041 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 VP  
Name PITTMAN, JOE  
Address 5300 SE 21ST LANE  
City-State-Zip: Ocala FL 34480

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

Title DIRECTOR  
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 04/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title            DIRECTOR  
Name            STRACUZZI, DANIELLE  
Address        5121 SE 18TH ST  
City-State-Zip: Ocala FL 34480