### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04648

Entity Name: HUNTINGTON HOMEOWNERS ASSOCIATION OF PINELLAS

COUNTY, INC.

Feb 22, 2014 Secretary of State CC0470613313

**FILED** 

### **Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

## **Current Mailing Address:**

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

FEI Number: 59-2520921 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HART, JAMES W JR. SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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: JAMES W HART JR 02/22/2014

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR
Name LEVY, DAVID Name CAPLAN, NANCY

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title TREASURER, DIRECTOR Title DIRECTOR

Name LEISER, TODD Name PUSKAS, STEVE

 Address
 2180 WEST SR 434 STE 5000
 Address
 2180 WEST SR 434 STE 5000

 City-State-Zip:
 LONGWOOD FL 32779
 City-State-Zip:
 LONGWOOD FL 32779

Title DIRECTOR Title DIRECTOR, SECRETARY

Name MOWREY, RANDAL Name STAILEY, DAVID

 Address
 2180 WEST SR 434 STE 5000
 Address
 2180 WEST SR 434 STE 5000

 City-State-Zip:
 LONGWODD FL 32779
 City-State-Zip:
 LONGWODD FL 32779

City-State-Zip: LONGWODO FL 32779 City-State-Zip: LONGWOOD FL 327

Title DIRECTOR Title DIRECTOR

Name TRULUCK, ALEX Name FISHMAN, SOLOMAN

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

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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: DAVID LEVY PRESIDENT 02/22/2014

# Officer/Director Detail Continued:

Title DIRECTOR

Name VAN PEER, RICHARD

Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779