

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04648

**FILED**  
**Feb 01, 2023**  
**Secretary of State**  
**3411583237CC**

**Entity Name:** HUNTINGTON HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.

**Current Principal Place of Business:**

24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763

**Current Mailing Address:**

24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763 US

**FEI Number: 59-2520921**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOVETERE, JULIE  
24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIR  
Name ULREY, SUSAN  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title VPD  
Name WOODS, GLORIA  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title DIR  
Name CONLON, BRIAN  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR  
Name FINK, REBECCA  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR  
Name SPAULDING, DIANE  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title PD  
Name PUSKAS, STEVE  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title TD  
Name LEISER, TODD  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title SD  
Name CRAWFORD, CAROL  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

*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: STEVE PUSKAS**

**PD**

**02/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date