

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727773 (4)

1. Corporation Name

HUNTINGTON ESTATES HOME OWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

3609 HARWELL PLACE
TALLAHASSEE FL 32303
US3609 HARWELL PL
TALLAHASSEE FL 32303-2037
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

10/15/1973

3a. Date of Last Report

03/22/1996

4. FEI Number

59-2728686

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THRASHER, ELWIN R JR
908 N GADSDEN ST
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T DELETE

NAME BRITT, JENNIFER
STREET ADDRESS 3609 HARWELL PLACE
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE Change Addition

TITLE SD DELETE

NAME COOK, BARBARA
STREET ADDRESS 3748 DORSET WAY
CITY-ST-ZIP TALLAHASSEE FL

1.2 NAME Change Addition

TITLE P DELETE

NAME FLURY, MIKE
STREET ADDRESS 3552 CARRINGTON DR
CITY-ST-ZIP TALLAHASSEE FL

1.3 STREET ADDRESS Change Addition

TITLE D DELETE

NAME HURST, ANTON
STREET ADDRESS 3800 SUTTON PL
CITY-ST-ZIP TALLAHASSEE FL

1.4 CITY-ST-ZIP Change Addition

TITLE D DELETE

NAME MATZOLF, BRIAN
STREET ADDRESS 3713 DANESBOROUGH DRIVE
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE Change Addition

TITLE D DELETE

NAME NEWLIN, CHARLES
STREET ADDRESS 3505 CARRINGTON DR
CITY-ST-ZIP TALLAHASSEE FL

2.2 NAME Change Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.5 STREET ADDRESS

2.6 CITY-ST-ZIP

2.7 STREET ADDRESS

2.8 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007566

CR2E037 (9/96)

Jennifer Britt
Treasurer

2/17/97 (904) 224-6789