

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90080 043 ****61.25

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DOCUMENT # 727773

1. Corporation Name

HUNTINGTON ESTATES HOME OWNERS' ASSOCIATION, INC

Principal Place of Business

3609 HARWELL PLACE
TALLAHASSEE FL 32303
US

Mailing Address

3609 HARWELL PL
TALLAHASSEE FL 32303
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

10/15/1973

4. FEI Number

59-2728686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Jennifer Britt

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

3609 Harwell Place

83

84 City

Tallahassee

FL

85 Zip Code

32303

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

Jennifer Britt, Treasurer

1/12/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

T ☐ DELETE

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

SD ☐ DELETE

NAME
COOK, BARBARA
STREET ADDRESS
3746 DORSET WAY
CITY-ST-ZIP
TALLAHASSEE FL

D ☒ DELETE

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

D ☒ DELETE

NAME
BROOME, ROBERT D.
STREET ADDRESS
3513 CARRINGTON DRIVE
CITY-ST-ZIP
TALLAHASSEE FL

D ☒ DELETE

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

D ☒ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President

Scott Fenstermaker

3740 Dorset Way
Tallahassee, FL 32303

Director

Maria Colbertson

3501 Carrington Drive
Tallahassee FL 32303

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/12/99

(850) 224-6789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)