

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727773

1. Entity Name

HUNTINGTON ESTATES HOME OWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

3609 HARWELL PLACE
TALLAHASSEE FL 32303
US

3609 HARWELL PL
TALLAHASSEE FL 32303-2037
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2728686

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRITT, JENNIFER
3609 HARWELL PLACE
TALLAHASSEE FL 32303

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
BRITT, JENNIFER
3609 HARWELL PLACE
TALLAHASSEE FL ☐ Delete

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COOK, BARBARA
3746 DORSET WAY
TALLAHASSEE FL ☐ Delete

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
FENSTERMAKER, SCOTT
3740 DOREST WAY
TALLAHASSEE FL 32303 ☐ Delete

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COLBERTON, MARIE
3501 CARRINGTON DR.
TALLAHASSEE FL 32303 ☐ Delete

☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY - ST - ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/00

(850) 224-6789

Date

Daytime Phone #