

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT# 727773 1. EntityName HUNTINGTON ESTATES HOME OWNERS' ASSOCIATION, INC.	
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PrincipalPlaceofBusiness 3609 HARWELL PLACE TALLAHASSEE, FL 32303 US	MailingAddress 3609 HARWELL PL TALLAHASSEE, FL 32303 US
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DO NOT WRITE IN THIS SPACE



01052005 NoChg-NP CR2E037 (10/03)

4. FEINumber 59-2728686	AppliedFor NotApplicable
5. CertificateofStatusDesired ☐	\$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

BRITT, JENNIFER
3609 HARWELL PLACE
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

8. Theabovenamedentitysubmits thisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept
theobligationsofregisteredagent.

SIGNATURE _____ (NOTE: Registered Agents signature required when re-instating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRITT, JENNIFER 3609 HARWELL PLACE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COUGHLIN, TIMOTHY 3610 HARWELL PL TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MADER, JOHN 3608 WESTMORLAND DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEYO, JO 3904 DORSET PLACE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN00000173722
01/07/05-80029-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jul A. Britt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05 (850) 562-9920
Date Daytime Phone #