

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 727773

1. Entity 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**



01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2728686

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRITT, JENNIFER
3609 HARWELL PLACE
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

U000000396494
01/30/06-80012-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

1/19/06 (850) 224 6789