

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 743172**

1. Entity Name  
**PROPERTY OWNER'S ASSOCIATION OF HUNTINGTON,  
INC.**



Principal Place of Business  
**5420 SE 18TH LANE  
OCALA, FL 34471 US**

Mailing Address  
**5420 SE 18TH LANE  
OCALA, FL 34471 US**



06062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0370570**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BETTY, LETHA D  
5420 SE 18TH LANE  
OCALA, FL 34471**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 14, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HILL, DAVID
STREET ADDRESS	5350 SE 18TH LANE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	ST
NAME	BETTY, LETHA D
STREET ADDRESS	5420 SE 18TH LANE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	POUCHER, BETH
STREET ADDRESS	5100 SE 17TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	REGISTER, HUEY
STREET ADDRESS	1950 SE 54TH TERRACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	CATALANOTTO, ANITA
STREET ADDRESS	1851 S.E. 54TH TERRACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	V
NAME	ONEGA, JUAN
STREET ADDRESS	5241 SE 18TH STREET
CITY-ST-ZIP	OCALA, FL 34471

000000766010  
06/07/07-80002-002 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:** Letha D Betty 6/6/07 895-6683  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #