


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90044 010 \*\*\*\*61.25

<b>DOCUMENT # 743172</b> 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		
2. Principal Place of Business - No P.O. Box # * <i>same except zip</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip <i>34480</i> Country		City & State Zip <i>34480</i> Country		4. FEI Number 59-0370570	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BETTY, LETHA D 5420 SE 18TH LANE Ocala, FL 34471					
7. Name and Address of New Registered Agent Name <i>same except zip</i> Street Address (P.O. Box Number is Not Acceptable) City State <i>FL</i> Zip Code <i>34480</i>					
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 <i>Letha D Betty</i> <i>1/4/08</i> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when re-instating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	HILL, DAVID				
STREET ADDRESS	5350 SE 18TH LANE				
CITY-ST-ZIP	OCALA, FL 34471				
TITLE	ST	<input type="checkbox"/> Delete			
NAME	BETTY, LETHA D				
STREET ADDRESS	5420 SE 18TH LANE				
CITY-ST-ZIP	OCALA, FL 34471				
TITLE	D	<input type="checkbox"/> Delete			
NAME	POUCHER, BETH				
STREET ADDRESS	5100 SE 17TH STREET				
CITY-ST-ZIP	OCALA, FL 34471				
TITLE	D	<input type="checkbox"/> Delete			
NAME	REGISTER, HUEY				
STREET ADDRESS	1950 SE 54TH TERRACE				
CITY-ST-ZIP	OCALA, FL 34471				
TITLE	D	<input type="checkbox"/> Delete			
NAME	CATALANOTTO, ANITA				
STREET ADDRESS	1851 S.E. 54TH TERRACE				
CITY-ST-ZIP	OCALA, FL 34471				
TITLE	V	<input type="checkbox"/> Delete			
NAME	ONEGA, JUAN				
STREET ADDRESS	5241 SE 18TH STREET				
CITY-ST-ZIP	OCALA, FL 34471				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP	<i>zip only 34480</i>				
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP	<i>zip only 34480</i>				
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP	<i>zip only 34480</i>				
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP	<i>zip only 34480</i>				
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP	<i>zip only 34480</i>				
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: <i>Letha D Betty</i> <i>1/4/08</i> <i>352-895-6683</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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