


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90021 046 ****61.25

DOCUMENT # 759782 1. Entity Name HUNTINGTON BY-THE-SEA CONDOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business 140 MONACO STREET DESTIN, FL 32550 US				Mailing Address 140 MONACO STREET DESTIN, FL 32550 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCARTNEY, JOHN 140 MONACO STREET, #101 DESTIN, FL 32550				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYNES, WILLIAM		NAME		
STREET ADDRESS	226 TUCHOE RD.		STREET ADDRESS		
CITY - ST - ZIP	JACKSON, TN 38305		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKEE, MURTISS		NAME		
STREET ADDRESS	306 DEER HAVEN DR.		STREET ADDRESS		
CITY - ST - ZIP	MADISON, MS 39110		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDERS, BJ		NAME		
STREET ADDRESS	11647 ISLAND AVE		STREET ADDRESS		
CITY - ST - ZIP	MATLACHA, FL 33993		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, MIKE		NAME		
STREET ADDRESS	611 WHITE PINE DR.		STREET ADDRESS		
CITY - ST - ZIP	DAHLONEGA, GA 30533		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Martha Johnson	
STREET ADDRESS			STREET ADDRESS	1174 Greystone Crest	
CITY - ST - ZIP			CITY - ST - ZIP	Birmingham, AL 35242	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>Boyd J. Sanders</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/21/08 <small>Date</small>		
<small>Daytime Phone #</small>					