

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762443

FILED
Jan 28, 2005
Secretary of State

Entity Name: HUNTINGTON HILL'S HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2824 CHARMONT DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

2824 CHARMONT DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 04-3642704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGLUND, STEVEN
2824 CHARMONT DR.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BERGLUND, STEVEN A
Address: 2824 CHARMONT DR
City-St-Zip: APOPKA, FL 32703

Title: STD () Delete
Name: NICHOLSON, PATTY
Address: 2848 CHARMONT DR
City-St-Zip: APOPKA, FL 32703

Title: VD () Delete
Name: FENTON, MIKE
Address: 2844 CHARMONT DR
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: BRUSHWOOD, CECILIA
Address: 1056 ST CROIX
City-St-Zip: APOPKA, FL 32703

Title: D (X) Delete
Name: CROUCH, NORM
Address: 2857 CHARMONT DR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: STAYER, COURTNEY
Address: 1035 ST. CROIX AV.
City-St-Zip: APOPKA, FL 32703

Title: VD (X) Change () Addition
Name: WOLFE, ERIC
Address: 2849 CHARMONT DR
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change () Addition
Name: KIMBALL, GARY
Address: 2853 CHARMONT DR.
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN BERGLUND

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01/28/2005

Electronic Signature of Signing Officer or Director

Date