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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770072 (7)
1. Corporation Name
HUNTINGTON RIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O UNIVERSITY PROPERTIES, INC.
824 FLETCHER AVENUE, EAST
TAMPA FL 33612 C/O UNIVERSITY PROPERTIES, INC.
824 FLETCHER AVENUE, EAST
TAMPA FL 33612-2613

3. Date Incorporated or Qualified 09/01/1983 3a. Date of Last Report 02/15/1996

2. Principal Place of Business 21 40 SUNWEST PROPERTIES, INC. Suite, Apt. #, etc. 22 5008 W. LINEBAUGH AVE #16 City & State 23 TAMPA, FL Zip 24 33624	2a. Mailing Address 26 C/O SUNWEST PROPERTIES, INC. Suite, Apt. #, etc. 27 5008 W. LINEBAUGH AVE #16 City & State 28 TAMPA, FL Zip 29 33624 Country 30 USA	4. FEI Number 59-2560776 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent DUARTE ANTONIO III 11959 W. FLORIDA AVENUE SUITE 1100 TAMPA FL 33612	10. Name and Address of New Registered Agent 81 Name SUNWEST PROPERTIES, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 5008 WEST LINEBAUGH AVENUE 83 SUITE 16 84 City TAMPA FL 85 Zip Code 33624
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 617.0502, Florida Statutes.

SIGNATURE *[Signature]* DATE 4/8/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARHOLIC, DIANE 2302-C 138TH AVENUE EAST TAMPA, FL 00000 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD BUCKLEY, Sr., John J. 2306 EAST 138th AVE. UNIT B TAMPA, FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROCE, GEORGE 2304-C 138TH AVE., EAST TAMPA FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD GROCE, GEORGE 2304 EAST 138th AVE. UNIT C TAMPA, FL 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODMAN, BRANDIE 2302-B 138TH AVE TAMPA FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD WARHOLIC, DIANE 2302 EAST 138th AVE. UNIT C TAMPA, FL 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCKLEY, Sr., John J. 2306 E 138th AVE Unit B TAMPA, FL 33613 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIANE <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 in this report or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone # 0047936

CR2E037 (9/96)