


FILE NOW: FILING FEE IS \$81.25

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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770072** (7)  
1. Corporation Name  
**HUNTINGTON RIDGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O SUNWEST PROPERTIES, INC 5008 W LINEBAUGH AVE 16 TAMPA FL 33612 US</b>	Mailing Address <b>C/O SUNWEST PROPERTIES, INC 5008 W LINEBAUGH AVE 16 TAMPA FL 33612 US</b>
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3. Date Incorporated or Qualified <b>09/01/1983</b>
4. FEI Number <b>59-2560776</b>
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 <b>To Andover Properties, Inc.</b> Suite, Apt. #, etc. 22 <b>5008 W. Linebaugh Ave #15</b> City & State 23 <b>TAMPA, FL</b> Zip 24 <b>33624</b>	2a. Mailing Address 26 <b>To Andover Properties, Inc.</b> Suite, Apt. #, etc. 27 <b>5008 W. Linebaugh Ave #15</b> City & State 28 <b>TAMPA, FL</b> Zip 29 <b>33624</b>
Country 25 <b>USA</b>	Country 30 <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SUNWEST PROPERTIES INC  
5008 WEST LINEBAUGH AVE  
STE 16  
TAMPA FL 33612**

10. Name and Address of New Registered Agent	
81 Name <b>ANDOVER PROPERTIES, INC</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>5008 W. LINEBAUGH AVE</b>	
83 <b>SUITE 15</b>	
84 City <b>TAMPA</b>	85 Zip Code <b>FL 33624</b>

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Hans J. Haseloff CAM Hans J. Haseloff 2-9-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCKLEY SR JOHN J	
STREET ADDRESS	2306 EAST 138TH AVE UNIT B	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GROCE, GEORGE	
STREET ADDRESS	2304 EAST 138TH AVE UNIT C	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WARHOLIC, DIANE	
STREET ADDRESS	2302 EAST 138TH AVE UNIT C	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33613</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	<b>TAMPA, FL 33613</b>	
3.1 TITLE	<b>KPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DIANE WARHOLIC</b>	
3.3 STREET ADDRESS	<b>2302 EAST 138th AVE UNIT C</b>	
3.4 CITY-ST-ZIP	<b>TAMPA, FL 33613</b>	
4.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>JOHN BAUSON</b>	
4.3 STREET ADDRESS	<b>524 HILLDALE ROAD</b>	
4.4 CITY-ST-ZIP	<b>BRANDON, FL 33510</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>GLENDA DEYTER</b>	
5.3 STREET ADDRESS	<b>2308 EAST 138th AVE UNIT A</b>	
5.4 CITY-ST-ZIP	<b>TAMPA, FL 33613</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: Diane M Warholic

CR2E037 (10/97)