

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90134 030 \*\*\*\*61.25

0051214

DOCUMENT # 770072

1. Corporation Name

HUNTINGTON RIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O ANDOVER PROPERTIES  
5008 W. LINEBAUGH AVENUE #15  
TAMPA FL 33624  
US

Mailing Address

C/O ANDOVER PROPERTIES  
5008 W. LINEBAUGH AVE. #15  
TAMPA FL 33624  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/01/1983

4. FEI Number

59-2560776

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ANDOVER PROPERTIES, INC.  
5008 W. LINEBAUGH AVE  
SUITE 15  
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUCKLEY SR JOHN J	
STREET ADDRESS	2306 EAST 138TH AVE UNIT B	
CITY-ST-ZIP	TAMPA, FL 00000 33613	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GROCE, GEORGE	
STREET ADDRESS	2304 EAST 138TH AVE UNIT C	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WARHOLIC, DIANE	
STREET ADDRESS	2302 EAST 138TH AVE UNIT C	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BAUSDEN, JOHN	
STREET ADDRESS	524 HILLDALE ROAD	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEXTER, GLENDA	
STREET ADDRESS	2308 EAST 138TH AVE UNIT A	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WARHOLIC, DIANE	
1.3 STREET ADDRESS	2302 EAST 138TH AVE, UNIT C	
1.4 CITY-ST-ZIP	TAMPA, FL 33613	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ZANCARBA, ROBIN	
2.3 STREET ADDRESS	2310 EAST 138TH AVE, UNIT B	
2.4 CITY-ST-ZIP	TAMPA, FL 33613	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BAYSDEN, JOHN	
3.3 STREET ADDRESS	524 HILLDALE ROAD	
3.4 CITY-ST-ZIP	BRANDON, FL 33510	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

813-975-7340 ext 620

Daytime Phone #

CR2E037 (11/98)