


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90175 018 \*\*\*\*61.25

<b>DOCUMENT # N02000000494</b>	
1. Entity Name HUNTINGTON HILLS OF SUWANNEE COUNTY HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1286 W US HWY 90 LAKE CITY, FL 32055	Mailing Address 1286 W US HWY 90 LAKE CITY, FL 32055
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02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DICKS, BRADLEY N 1286 W US HWY 90 LAKE CITY, FL 32025
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DICKS, BRADLEY N 1286 W US HWY 90 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DICKS, LENVIL H 1286 W US HWY 90 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ADAMS, SUZANNE D 1286 W US HWY 90 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:** Bradley N Dicks **Bradley N Dicks** 4-30-04 386-752-8955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #