

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000494

FILED
May 11, 2005
Secretary of State

Entity Name: HUNTINGTON HILLS OF SUWANNEE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1286 W US HWY 90
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

1286 W US HWY 90
LAKE CITY, FL 32055

New Mailing Address:

P.O. BOX 513
LAKE CITY, FL 32056

FEI Number: 20-2819289 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DICKS, BRADLEY N
1286 W US HWY 90
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

DICKS, BRADLEY N
1286 W US HWY 90
LAKE CITY, FL 32025 US

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: BRADLEY N. DICKS

05/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DICKS, BRADLEY N
Address: 1286 W US HWY 90
City-St-Zip: LAKE CITY, FL 32025

Title: DT () Delete
Name: DICKS, LENVIL H
Address: 1286 W US HWY 90
City-St-Zip: LAKE CITY, FL 32025

Title: DS () Delete
Name: ADAMS, SUZANNE D
Address: 1286 W US HWY 90
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BRADLEY N DICKS

DP

05/11/2005

Electronic Signature of Signing Officer or Director

Date