2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008470

FILED Aug 20, 2009 Secretary of State

Entity Name: HUNTINGTON AT TAMPA PALMS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

% BUSH ROSS, P.A. % BUSH ROSS, P.A.

220 S. FRANKLÍN ST. 1801 NORTH HÍGHLAND AVENUE

TAMPA, FL 33602 TAMPA, FL 33602

Current Mailing Address:

New Mailing Address:

% BUSH ROSS, PA PO BOX 3913 TAMPA, FL 336013913

FEI Number: 06-1657858 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: Name and Address of New Registered Agent:

MEZER, STEVEN H BUSH ROSS GARDNER WARREN & RUDY, P.A. 220 SOUTH FRANKLIN STREET

1801 NORTH HIGHLAND AVENUE

TAMPA, FL 33601 US TAMPA, FL 33601 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.

MEZER, STEVEN H

BUSH ROSS, PA

SIGNATURE: 08/20/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BURMEISTER, JEFFREY P

5030 WESLEY DRIVE

TAMPA, FL 33647 US

(X) Change () Addition

() Delete BURMEISTER, JEFFREY P P Name: Name: 5030 WESLEY DRIVE Address: Address: City-St-Zip: TAMPA, FL 33647 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition

HENARD, JACK Name: HENARD, JOHN B Name: Address: 5014 WESLEY DRIVE Address: 5014 WESLEY DRIVE City-St-Zip: TAMPA, FL 33647 US City-St-Zip: TAMPA, FL 33647 US

Title: () Delete Title: (X) Change () Addition

ONEILL, THOMAS V T/S Name: ONEILL, THOMAS V Name: 5044 WESLEY DRIVE 5044 WESLEY DRIVE Address: Address: City-St-Zip: TAMPA, FL 33647 US City-St-Zip: TAMPA, FL 33647 US

Title: () Delete Title: () Change (X) Addition

Name: Name: HENARD, ELIZABETH A 5014 WESLEY DRIVE Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELIZABETH A. HENARD S 08/20/2009