

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -4 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03223 (7)
1. Corporation Name
HUNTINGTON WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
6054 28TH ST. W. BRADENTON FL 34207 **6054 28TH ST. W. BRADENTON FL 34207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/22/1984** 3a. Date of Last Report **05/01/1994**
4. FBI Number **59-2491797** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **6054 27th St West** 26 **6054 27th St West**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Bradenton, FL** 27 **Bradenton, FL**
City & State City & State
23 **Bradenton, FL** 28 **Bradenton, FL**
Zip Country Zip Country
24 **34207** 25 **Manatee** 29 **34207** 30 **Manatee**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMITAGE, VERA M
6040 27TH ST W
BRADENTON FL 34207

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Verna M. Armitage*
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when restoring)

3-29-95
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PHARR, JAMES
STREET ADDRESS	2707 60TH AVE PLAZA N
CITY - ST - ZIP	BRADENTON FL
TITLE	SD
NAME	ARMITAGE, VERA M
STREET ADDRESS	6040 27TH ST. W.
CITY - ST - ZIP	BRADENTON FL 34207
TITLE	TD
NAME	WARFEL, RANDY
STREET ADDRESS	2705 60TH AVE PLAZA N.
CITY - ST - ZIP	BRADENTON FL 34207
TITLE	VP
NAME	MAYER, JOSEPH E
STREET ADDRESS	6052 28TH ST WEST
CITY - ST - ZIP	BRADENTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	GARVEY, Sophie	
13 STREET ADDRESS	6044 60th Ave Terr West	
14 CITY - ST - ZIP	Bradenton, FL 34207-4473	
21 TITLE	SD	☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	VP	☒ Change ☐ Addition
42 NAME	BUA, Marge	
43 STREET ADDRESS	2694 60th Ave Plaza South	
44 CITY - ST - ZIP	Bradenton, FL 34207	
51 TITLE		☐ Change ☒ Addition
52 NAME	NEWTON, Catherine	
53 STREET ADDRESS	2700 60th Ave Plaza South	
54 CITY - ST - ZIP	Bradenton, FL 34207	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sophie Garvey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SOPHIE GARVEY

3-29-95 755-7233
Date Telephone #