## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04434

## **FILED** Feb 14, 2005 8:00 am Secretary of State 02-14-2005 90047 012 \*\*\*\*61.25

Notice   Principal Place of Business   3, Mailing Address   10050 A ELW PKWY   1050 A ELW PKWY   105	1. Entity Name HUNTINGTON BY THE CAMPUS HOMEOWNERS' ASSOCIATION, INC.												
Sulfo, Apt. #, etc.    Sulfo, Apt. #, etc.   Sulfo, Apt. #, etc.   O1082005   Chg.NP   CRECO7 (10/03)	1050 A ELW PKWY 105			1050	50 A ELW PKWY				#UU#				
City & State  Special	2. Principal P	lace of Busine	ss	3. Mail	ng Address								
Second Part	Suite, Apt. #, etc.			Sul	Suite, Apt. #, etc.				01062005	Chg-NP	CR2E03	7 (10/03)	
SCANNAVINO, INC. 1050 A EAST LAKE WOODLANDS PWY OLDSMAR, FL 34677  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.  Filling Fee is \$61.25  Due by May 1, 2005  Filling Fee is \$61.25  Due by May 1, 2005  Filling Fee is \$61.25  DARRECTORS AND DIRECTORS — 11. ADDITIONS/CHANGES TO OPPICERS AND DIRECTORS IN 10  TITLE DAGMEAULT, JOANNE STREET ADDRESS STREET ADDR	City & State		City	City & State				FO 0570000			<del></del>	·	
SCANNAVINO, INC. 1050 A EAST LAKE WOODLANDS PWY OLDSMAR, FL 34677    City   FL   Zip Code							intry	5. Certificate of Status D			Fee Required		
SCANNAVINO, INC. 1050 A EAST LAKE WOODLANDS PWY OLDSMAR, FL 34677  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 obsgations of registered agent.  SIGNATURE    Signature   Supram, toped or pread where the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obsgations of registered agent.  SIGNATURE   Supram, toped or pread where the law is it stokes in (note Propured Agent Alphater revised where revised agent, or both, in the State of Florida. I am familiar with, and accept the obsgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obsgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obsgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obsgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obsgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obsgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obsgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obsgations of registered agent, or both, in the State of Florida. Page to the obsgation of Florida Ceptation of Flor		, 6. Name a	ing Address of Cur	rent Registere	d Agent		Name -		7. Name and	Address of New	Hegistered A	igent	
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  SIGNATURE  Signature, typed or prised name of registered agent and side if epokeable.  PHIIng Fee is \$61.25  PILE D OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  DAIGNEAULT, JOANNE STREET ADDRESS CITY-ST-2P  TAMPA, FL 33617  TITLE  PD  DOVE TITLE  PD  Delete TITLE  Delete TITLE  Delete TITLE  Delete TITLE  NAME SIREET ADDRESS CITY-ST-ZP  TAMPA, FL  TA	1050 A EAST LAKE WOODLANDS PWY												
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Signature, hyperd or printed name of registered squere and title if expiritable.   (NOTE Registered Agent signature registered when releastative)   DATE				ent for the purpo	ose of changing its	register	ed office or	register	red agent, or both	n, in the State of I	Florida. I am f	amiliar with,	and accept
Signature, hyperd or printed name of registered squere and title if expiritable. (NOTE Registered Agent signature registered when reinstative)   DATE	i i i i i i i i i i i i i i i i i i i		red agent.										
Trust Fund Co-tribution.    Added to Fees   Florida Department of State	ino obnigan		red agent.										
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MAME STREET ADDRESS 5138 GAINESVILLE DR. CITY-ST-ZIP TITLE DVP MILLER, THOMAS STRET ADDRESS 5002 GAINESVILLE DR. CITY-ST-ZIP TITLE PD SQUIRES, THOMAS STRET ADDRESS CITY-ST-ZIP TITLE DS NAME STREET ADDRESS CITY-ST-ZIP TITLE DT Delete TITLE DT TAMPA, FL TITLE DT Delete TITLE DT Delete TITLE DT DELET TAMPA, FL TITLE TOMBESS CITY-ST-ZIP TAMPA, FL TITLE DT TAMPA, FL TITLE TOMBESS CITY-ST-ZIP TITLE TOMBESS CITY-ST-ZIP TAMPA, FL TITLE TOMBESS CITY-ST-ZIP TAMPA, FL TITLE TOMBESS CITY-ST-ZIP TOMBE	SIGNATURE	Signature, typed of	r printed name of registered	agent and title If app	9. Election Can Trust Fund C	npaign F	inancing :	1	\$5.00 May Be		Make check	payable to	
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12. I hereby certify that the information supplied with this filling 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 finistee 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

ME SIGNING OFFICER OR DIRECTOR