2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N04434

Entity Name: HUNTINGTON BY THE CAMPUS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

720 BROOKER CREEK BLVD. #206
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD. #206
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-2570366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCANNAVINO, INC.
720 BROOKER CREEK BLVD. #206
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DAIGNEAULT, JOANNE
Address: 5138 GAINESVILLE DR.
City-St-Zip: TAMPA, FL 33617

Title: VD ( ) Delete
Name: MILLER, THOMAS
Address: 5002 GAINESVILLE DR.
City-St-Zip: TAMPA, FL 33617

Title: PD ( ) Delete
Name: SQUIRES, THOMAS
Address: 5002 GAINESVILLE DR.
City-St-Zip: TAMPA, FL

Title: TD ( ) Delete
Name: KELSEY, STEPHANIE
Address: 5104 GAINESVILLE DR
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: HOMER, PAT
Address: 5004 GAINESVILLE DR
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: DAIGNEAULT, JOANNE
Address: 5138 GAINESVILLE DR.
City-St-Zip: TAMPA, FL 33617

Title: SD (X) Change ( ) Addition
Name: MILLER, THOMAS
Address: 5002 GAINESVILLE DR.
City-St-Zip: TAMPA, FL 33617

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

Title: D (X) Change ( ) Addition
Name: KELSEY, STEPHANIE
Address: 5104 GAINESVILLE DR
City-St-Zip: TAMPA, FL

Title: TD (X) Change ( ) Addition
Name: HOMER, PAT
Address: 5004 GAINESVILLE DR
City-St-Zip: TAMPA, FL 33617

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: THOMAS SQUIRES PD 01/15/2009

Electronic Signature of Signing Officer or Director — Date