


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90041 012 ****61.25

DOCUMENT # N04648 1. Entity Name HUNTINGTON HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.					
Principal Place of Business C/O GOLDSTAR MGMT CO 2435 US HWY 19, SUITE 270 HOLIDAY, FL 34691			Mailing Address C/O GOLDSTAR MGMT CO 2435 US HWY 19, SUITE 270 HOLIDAY, FL 34691		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2520921	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ULM, JEFFREY A 2435 US HWY 19, SUITE 270 HOLIDAY, FL 34691				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNDE, CHUCK 1614 HAMPTON CT. SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMILLERI, PHIL 2402 HRNTINGTON BLVD SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HUNTINGTON BLVD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONROE, KEN 1611 HAMPTON LN SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Travieso, Angelo 2401 Huntington Blvd Safety Harbor FL 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALEMME, JEFF 1609 JAMPTON LANE SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ciske, Ted 2409 Huntington Blvd Safety Harbor FL 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERMEULEN, MARCEL 1611 HAMPTON LN SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHMAN, DENISE 2412 HUNTINGTON BLVD. SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>PA VERMEULEN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-16-06 (724) 533-3773 <small>Date Daytime Phone #</small>		