## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N04648

1. Entity Name HUNTINGTON HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.



**FILED** 

Mar 13, 2008 8:00 am Secretary of State

03-13-2008 90027 009 \*\*\*\*61.25

	·				1	18.5					
Principal Place of Business C/O GOLDSTAR MGMT CO 2435 US HWY 19, SUITE 270 HOLIDAY, FL 34691		C/O GO 2435 L	Mailing Address C/O GOLDSTAR MGMT CO 2435 US HWY 19, SUITE 270 HOLIDAY, FL 34691				) HERMIN BH EAM		<b>. C</b> anif Benet bin	iri Bibil Bibil Bil	
2. Principal P	lace of Business - No P.O. Box #	3. Mailin	ailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02152008 <sub>C</sub>	hg-NP	CR2E03	37 (12/06)	
City & State	e	City & State					4. FEI Number 59-252092	21			oplied For
Zip	Country	Zip		ntry		5. Certificate of S	tatus Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered	Agent				7. Name and Add	dress of New R	egistered /	Agent	
ULM, JEFFREY A					Name .						
2435 US HWY 19, SUITE 270 HOLIDAY, FL 34691					Street Address (P.O. Box Number is Not Acceptable)						
					City					Zip Cod	te
			·-	i					FL	<u> </u>	
	named entity submits this statement fo ions of registered agent.	r the purpos	e of changing its	registere	d office o	r register	ed agent, or both, ir	the State of Flo	orida. Tam i	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applica	able. (NOTE	: Registered	1 Agent signal	ture required	when reinstating)		DATE		
		1						HETPARTH-TACK BASIS	مي د وراكه الي	ar in audibli e f	K. I HINSE NGGO
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees			payable to		
10:	OFFICERS AND DIS	RECTORS		11.	-		ADDITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS IN	10
TITLE	D		☐ Delete	TITLE		P				Change Change	☐ Addition
NAME	WILLIAMSON, TAD			NAME		Willia	mson, Ted			*	
STREET ADDRESS	1608 HUNTINGTON PLACE				ET ADDRESS						
CITY-ST-ZIP	SAFETY HARBOR, FL 34695			+	ST-ZIP	<u> </u>	·				
TITLE	T CAMILLERI, PHIL		☐ Delete	TITLE		9				Change	Addition
NAME STREET ADDRESS	2402 HUNINGTON BLVD.			NAME	: Et address		41,5-41,55	£~~			
CITY-ST-ZIP	SAFETY HARBOR, FL 34695				ST-ZIP		Houtive	7,01,			ļ
-TITLE-	D		Delete	_TITLE		<del> </del>				Change	Addition_
NAME .	RICHARDSON, COLIN		The second second	NAME							
STREET ADDRESS	2415 HUNTINGTON BLVD			STREE	ET ADDRESS						
CITY-ST-ZIP	SAFETY HARBOR, FL 34695			CITY-	ST-ZIP						
TITLE	VP		☐ Delete	TITLE						☐ Change	☐ Addition
NAME	CISKE, TED			NAME	:	١.,					
STREET ADDRESS CITY-ST-ZIP	2401. UNINGTON BLVD.				ET ADDRESS	<u>;</u>	<u>mating</u> tor	•			
	SAFETY HARBOR, FL 34695			+	ST-ZIP						
TITLE Name	P VERMEULEN, MARÇEL		☐ Delete	TITLE		7				Change	☐ Addition
STREET ADDRESS	1611 HAMPTON LN			NAME	ET ADDRESS						
CITY-ST-ZIP	SAFETY HARBOR, FL 34695				ST-ZIP						
TITLE	S		☐ Delete	TITLE		0				Change	☐ Addition
NAME	FISHMAN, DENISE			NAME							
STREET ADDRESS	2412 HUNTINGTON BLVD.			STREE	ET ADDRESS						
CITY-ST-ZIP	SAFETY HARBOR, FL 34695			CITY-	ST-ZIP						

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. Ted

Williamson

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **ATTACHMENT**

# N04648

S Fink, Rebecca 1612 Hampton Lane Safety Harbor, FL 34695

D Adducci, Al 2410 Hampton Lane W. Safety Harbor, FL 34695

D Balsera, Eduardo 1610 Hampton Ct. Safety Harbor, FL 34695

D
Dalee, Donald
2413 Huntington Blvd.
Safety Harbor, FL 34695