

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05475

FILED
Feb 26, 2006
Secretary of State

Entity Name: HUNTLEIGH WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2812 SUMMER BROOKE WAY
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

2812 SUMMER BROOKE WAY
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-2965565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, THOMAS L
2812 SUMMER BROOKE WAY
CASSELBERRY, FL 32707 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: PD () Delete
Name: RICHARD, WALES
Address: 2820 SUMMER BROOKE WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: VD () Delete
Name: KOLLER, JAMES M
Address: 2804 SUMMER BROOKE WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: CAMERON, THOMAS L
Address: 2812 SUMMER BROOKE WAY
City-St-Zip: CASSELBERRY, FL 32707 US

Title: SD () Delete
Name: GOFORTH, SHARON
Address: 2836 SUMMER BROOKE WAY
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 L CAMERON

TD

02/26/2006

Electronic Signature of Signing Officer or Director

Date