

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05475

FILED  
Mar 18, 2009  
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: PD (X) Change ( ) Addition  
Name: ABBOTT, MARK  
Address: 2825 SUMMER BROOKE WAY  
City-St-Zip: CASSELBERRY, FL 32707

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

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

Title: SD (X) Change ( ) Addition  
Name: LOWELL, ROBERT  
Address: 2800 SUMMER BROOKE WAY  
City-St-Zip: CASSELBERRY, FL 32707

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 CAMERON

TD

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date