FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08554 (0)

1. Corporation Name

HUCKLEBERRY FIELDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 E. SYBELIA AVE STE 130 MAITLAND FL 32751 US	100 E. SYBELIA AVE STE 130 MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1985
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2643070 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KIEBZAK, KEITH R. KL MA I
100 E SYBELIA AVE
STE 130
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	JERLES, HOWARD
STREET ADDRESS	200 WHITERAPIDS COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	XS
NAME	READXMICHELE
STREET ADDRESS	X233XRAPXFINNXCTX
CITY-ST-ZIP	XORLANDOXFLX
TITLE	TD
NAME	HAMMONS, KEN
STREET ADDRESS	108 STEAMBOAT CT
CITY-ST-ZIP	ORLANDO FL
TITLE	XDX
NAME	HALL, STEPHEN
STREET ADDRESS	108 AUNT POLLY CT
CITY-ST-ZIP	ORLANDO FL
TITLE	XDP
NAME	XCOBENXLORRAINEX
STREET ADDRESS	X243XRAPSCALLIONXCTX
CITY-ST-ZIP	XORLANDOXFLXXX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S/D	XX Change ☐ Addition
2.2 NAME	Mannes, Terry	
2.3 STREET ADDRESS	216 Pap Finn Ct.	
2.4 CITY-ST-ZIP	Orlando, FL 32828	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D	XX Change ☐ Addition
4.2 NAME	Hall, Stephen	
4.3 STREET ADDRESS	108 Aunt Polly Ct.	
4.4 CITY-ST-ZIP	Orlando, FL 32828	
5.1 TITLE	D	XX Change ☐ Addition
5.2 NAME	Salerno, Jack	
5.3 STREET ADDRESS	255 Pap Finn Ct.	
5.4 CITY-ST-ZIP	Orlando, FL 32828	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ken Hammons /Ken Hammons, Treasurer — 0 407/740-8081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000321T