


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90031 019 ****70.00

DOCUMENT # N09817 1. Entity Name HUNTINGTON GROUP MASTER ASSOCIATION, INC.					
Principal Place of Business 1799-B N. BELCHER RD CLEARWATER, FL 33765			Mailing Address 1799-B N. BELCHER RD CLEARWATER, FL 33765 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2821699	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERI-TECH REALTY INC. 1799-B N. BELCHER RD CLEARWATER, FL 33765				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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					
TITLE	D CISKOWSKI, JEFF	<input checked="" type="checkbox"/> Delete	TITLE	D Kim Geiss	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1107 HUNTINGTON LANE		STREET ADDRESS	1215 Huntingston Lane	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	PD INCORVIA, JOE	<input type="checkbox"/> Delete	TITLE	D Cheryl Laphanz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1105 HUNTINGTON LANE		STREET ADDRESS	1113 Wellington Way	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	DVP SCHWEITZER, DEANN	<input type="checkbox"/> Delete	TITLE	SD Kathleen Wilson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1029 CHILLUM CT		STREET ADDRESS	1017 Wynham Way	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	DT WESTON, STUART	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3690 EAST BAY DR, #K		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: <u>Joseph Incorvia</u> <u>President</u> <u>3/15/06</u> <u>727-726-8000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					