

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90109 031 ****61.25

DOCUMENT # N17506 1. Entity Name HUNTLEY PARK ASSOCIATION, INC.			
Principal Place of Business 118 N. WYMORE RD WINTER PARK, FL 32789 US		Mailing Address 118 N. WYMORE RD WINTER PARK, FL 32789 US	
2. Principal Place of Business - No P.O. Box # c/o HARA MANAGEMENT, Inc Suite, Apt. #, etc. 931 S. SEMORAN BLVD #214 City & State Winter Park, FL Zip 32792 Country US		3. Mailing Address c/o HARA MANAGEMENT, Inc Suite, Apt. #, etc. 931 S. SEMORAN BLVD #214 City & State Winter Park, FL Zip 32792 Country US	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARA MANAGEMENT, INC. 118 N. WYMORE RD WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 931 S. SEMORAN BLVD #214 City Winter Park FL Zip Code 32792	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	SD NIXON, CEDRIC 4532 OAK ARBOR CIR. ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete	TITLE	D DIKE LOMAX 4616 OAK HARBOR CIR ORLANDO, FL 32808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIXON, CEDRIC	NAME	DIKE LOMAX
STREET ADDRESS	4532 OAK ARBOR CIR.	STREET ADDRESS	4616 OAK HARBOR CIR
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	PD CONUS, DENISE 4524 OAK ARBOR CIR ORLANDO, FL <input type="checkbox"/> Delete	TITLE	D DURKEE, KATHERINE 4446 CLUSTER DRIVE ORLANDO, FL 32808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONUS, DENISE	NAME	DURKEE, KATHERINE
STREET ADDRESS	4524 OAK ARBOR CIR	STREET ADDRESS	4446 CLUSTER DRIVE
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	VPD SHOWE, GARY 4567 OAK ARBOR CIRCLE ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE	D MILDRED TEIXEIRA 4410 CLUSTER DRIVE ORLANDO, FL 32808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOWE, GARY	NAME	MILDRED TEIXEIRA
STREET ADDRESS	4567 OAK ARBOR CIRCLE	STREET ADDRESS	4410 CLUSTER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	T/D MARCHI, RON 4479 OAK ARBOR CIR. ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE	
NAME	MARCHI, RON	NAME	
STREET ADDRESS	4479 OAK ARBOR CIR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	
TITLE	D PARSONS, KAREN 4493 OAK ARBOR CIRCLE ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete	TITLE	
NAME	PARSONS, KAREN	NAME	
STREET ADDRESS	4493 OAK ARBOR CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	
TITLE	D BYRNES, RICHARD 4489 OAK ARBOR CIR ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE	
NAME	BYRNES, RICHARD	NAME	
STREET ADDRESS	4489 OAK ARBOR CIR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
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: <i>Alexis M Conus</i> <i>Denise M Conus</i> 4-15-08 (407)399-0699 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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