


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2008 08:00 AM  
Secretary of State

DOCUMENT # N22700 1. Entity Name HUNTINGTON HOMEOWNERS' ASSOCIATION OF SEMINOLE COUNTY, INC.	
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Principal Place of Business P.O. BOX 621381 OVIEDO, FL 32765-8381 US	Mailing Address P.O. BOX 621381 OVIEDO, FL 32765-8381 US
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**DO NOT WRITE IN THIS SPACE**



01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2881686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SITAREK, MARSHAL 320 HEMMINGWAY COURT OVIEDO, FL 32765
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**DO NOT WRITE  
IN THIS SPACE**

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.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODENROTH, RONALD 2559 WESTMINSTER TERRACE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOTEBUOM, ERIK 2476 WESTMINSTER TERRACE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REESE, WILLIAM 327 HEMINGWAY CT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, KENT 2290 WESTMINISTER TERRACE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTWRIGHT, RON 324 HAREQUIN COURT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000783368  
01/16/08-80012-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:  RONALD RODENROTH <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/11/08 Date	407-366-7408 Daytime Phone #
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