## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N22700

City-St-Zip:

OVIEDO, FL 32765

FILED Jul 15, 2009 Secretary of State

Entity Name: HUNTINGTON HOMEOWNERS' ASSOCIATION OF SEMINOLE COUNTY, INC.

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 621381 338 HARTLEPOOL COURT OVIEDO, FL 327658381 US OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** P.O. BOX 621381 OVIEDO, FL 327658381 US FEI Number: 59-2881686 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SITAREK, MARSHAL 320 HEMMINGWAY COURT OVIEDO, FL 32765 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition RODENROTH, RONALD WALKER, TERESA Name: Name: 2559 WESTMINSTER TERRACE Address: 338 HARTLEPOOL COURT Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: SD ( ) Delete Title: () Change () Addition NOTEBUOM, ERIK Name: Name: Address: 2476 WESTMINSTER TERRACE Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition REESE, WILLIAM Name: Name: 327 HEMINGWAY CT Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: (X) Change ( ) Addition Title: VD () Delete Title: VD Name: MARTINEZ, KENT Name: MARTINEZ, KENT 2290 WESTMINISTER TERRACE 2290 WESTMINSTER TERRACE Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: (X) Change ( ) Addition CARTWRIGHT, RON CARTWRIGHT, RON Name: Name: 324 HARELQUIN COURT 324 HARLEQUIN COURT Address: Address:

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.

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SIGNATURE: TERESA M. WALKER TD 07/15/2009