

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24016

FILED
Apr 25, 2007
Secretary of State

Entity Name: HUNTINGTON HOMEOWNERS ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-0030875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: SMALL, ALAN
Address: 6606 TANNIN LANE, #D
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: BILLS, SCOTT
Address: 6612 TANNIN LN. #C
City-St-Zip: NAPLES, FL 34109

Title: S () Delete
Name: LOUGHRAN, LESLIE
Address: 6618 TANNIN LANE, #A
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: SCHAEFER, ED
Address: 6612 TANNIN LANE, #B
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: NORMAN, JERRY
Address: 6654 TANNIN LANE, #D
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: SCOTT, SUSAN
Address: 6636 TANNIN LANE, #B
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BYRON ROSS

MGR

04/25/2007

Electronic Signature of Signing Officer or Director

Date