

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27694

FILED
May 23, 2007
Secretary of State

Entity Name: HUNTINGTON II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 621567
OVIEDO, FL 327651567 US

New Principal Place of Business:

2284 CHANTILLY TERRACE
OVIEDO, FL 32765 US

Current Mailing Address:

PO BOX 621567
OVIEDO, FL 327651567 US

New Mailing Address:

FEI Number: 59-2697520 **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:

ZISSMAN, SHARI
2373 CHANTILLY TERR
OVIEDO, FL 32765 US

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: PD () Delete
Name: HARTER, KATHY
Address: 2284 CHANTILLY TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: GILMORE, TOMMY
Address: 2436 CHANTILLY TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: ZISSMAN, SHARI
Address: 2373 CHANTILLY TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: S () Delete
Name: BARNETT, DIANA
Address: 2340 CHANTILLY TERRACE
City-St-Zip: OVIEDO, FL 32765

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:

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: SHARI ZISSMAN

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05/23/2007

Electronic Signature of Signing Officer or Director

Date