

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27694

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: HUNTINGTON II HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2284 CHANTILLY TERRACE  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**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 ( )

**Name and Address of Current Registered Agent:**

ZISSMAN, SHARI  
2373 CHANTILLY TERR  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

ZISSMAN-MURRAY, 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: SHARI ZISSMAN-MURRAY

04/23/2008

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: T (X) Change ( ) Addition  
Name: ZISSMAN-MURRAY, SHARI  
Address: 2373 CHANTILLY TERRACE  
City-St-Zip: OVIEDO, FL 32765

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-MURRAY

TRES

04/23/2008

Electronic Signature of Signing Officer or Director

Date