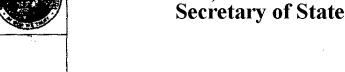
2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # N32359** 1. Entity Name HUNTINGTON WOODS HOMEOWNERS ASSOCIATION, INC. OF LEE COUNTY Principal Place of Business Mailing Address 15371 HUNTINGTON CT. 15371 HUNTINGTON CT. FT. MYERS, FL 33912 US FT. MYERS, FL 33912 US

FILED Feb 14, 2005 08:00 AM Secretary of State





DO NOT WRITE IN THIS SPACE

01042005 No Chg-NP CR2E037 (10/03)

Applied For 4. FEI Number 65-0180837 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE

IN THIS SPACE

BOISVERT, LEO 15371 HUNTINGTON CT. FT. MYERS, FL 33912

5. Name and Address of Current Registered Agent

	1		
8	5. The above named entity submits this statement for the purpose of changing its registered	d office of redistered agent, of both, in the State of Florida. I am familiar with	i, and accept
_			
	the obligations of registered agent		

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10,	OFFICERS AND DIREC	TORS			The second secon		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOISVERT, LEO 15371 HUNTINGTON CT. FT. MYERS, FL 33912	····			02/14/05-80068-005 61.25		
TITLE NAME STREET ADDRESS CSTY-ST-ZIP	STD SPENCE, JOHN 2230 SUNRISE BLVD. FORT MYERS, FL 33907				en e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOISVERT, MARYJANE 15371 HUNTINGTON CT FORT MYERS, FL 33912		·	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		* *** **		IÑ	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(3)(i)), 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:

EO BOISVE GRINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO