

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N32359

1. Entity Name  
HUNTINGTON WOODS HOMEOWNERS ASSOCIATION,  
INC. OF LEE COUNTY



Principal Place of Business  
15371 HUNTINGTON CT.  
FT. MYERS, FL 33912 US

Mailing Address  
15371 HUNTINGTON CT.  
FT. MYERS, FL 33912 US

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



01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0180837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, 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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOISVERT, LEO
STREET ADDRESS	15371 HUNTINGTON CT.
CITY-ST-ZIP	FT. MYERS, FL 33912

TITLE	STD
NAME	SPENCE, JOHN
STREET ADDRESS	2230 SUNRISE BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33907

TITLE	STD
NAME	BOISVERT, MARYJANE
STREET ADDRESS	15371 HUNTINGTON CT
CITY-ST-ZIP	FORT MYERS, FL 33912

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/05-80068-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEO BOISVERT

Date

2-11-05

Daytime Phone #

(239) 590-3905