

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

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**



03302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0180837

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

6. 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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000491056
04/19/06-80006-019 61.25

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 President

3-30-06

239-590-3905

Date

Daytime Phone #