

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 A**  
**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**



02222007 No Chg-NP

CR2E037 (4/06)

**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**

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 renewing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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	

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03/09/07-80022-013 61.25

**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 817, 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*

*2-25-07*

*(239) 590-3905*

Date

Daytime Phone #