

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90022 024 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 15460 HUNTINGTON CT.			3. Mailing Address 15460 HUNTINGTON CT		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State FT. MYERS, FL 33912			City & State FT. MYERS, FL		
Zip 33912		Country LEE		4. FEI Number 65-0180837	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOISVERT, LEO 15371 HUNTINGTON CT. FT. MYERS, FL 33912			7. Name and Address of New Registered Agent Name DON BLANCHARD Street Address (P.O. Box Number is Not Acceptable) 15460 HUNTINGTON CT City Fort Myers FL 33912		
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 <u>DON BLANCHARD P/D</u> <i>[Signature]</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 CH# 513 Due by May 1, 2008 Enclosed		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME BOISVERT, LEO STREET ADDRESS 15371 HUNTINGTON CT. CITY-ST-ZIP FT. MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE P/D NAME DON BLANCHARD STREET ADDRESS 15460 HUNTINGTON CT CITY-ST-ZIP FT. MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME SPENCE, JOHN STREET ADDRESS 2230 SUNRISE BLVD. CITY-ST-ZIP FORT MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE V/D NAME JOHN SPENCE STREET ADDRESS 15460 HUNTINGTON CT CITY-ST-ZIP FT. MYERS FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME BOISVERT, MARYJANE STREET ADDRESS 15371 HUNTINGTON CT CITY-ST-ZIP FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE P/D NAME SUSAN BLANCHARD STREET ADDRESS 15460 HUNTINGTON CT CITY-ST-ZIP FT. MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> DON BLANCHARD			2/5/08 (237)466-7443		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					