

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90069 028 ****61.25

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DOCUMENT # N32359

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



Principal Place of Business
**15401 HUNTINGTON CT.
FT. MYERS FL 33912
US**

Mailing Address
**15401 HUNTINGTON CT.
FT. MYERS FL 33912
US**

2. Principal Place of Business
15371 Huntington Ct.

3. Mailing Address
15371 Huntington Ct.

Suite, Apt. #, etc.

City & State
Ft. Myers Fl.

City & State
Ft. Myers Fl.

Zip
33912

Country
USA

Zip
33912

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0180837**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FALL, RICHARD
15401 HUNTINGTON CT.
FT. MYERS FL 33912**

7. Name and Address of New Registered Agent
Name **Leo Boisvert**
Street Address (P.O. Box Number is Not Acceptable)
15371 Huntington Court
City **Ft. Myers** FL Zip Code **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 **Leo Boisvert PD** DATE **4-27-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD FALL, RICHARD 15401 HUNTINGTON CT. FT. MYERS FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Leo Boisvert 15371 Huntington Ct. Ft. Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FALL, JENNIFER 15401 HUNTINGTON CT. FT. MYERS FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John Spence 2230 Sunrise Blvd. Ft. Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOISVERT, MARYJANE 15371 HUNTINGTON CT FORT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Maryjane Boisvert 15371 Huntington Ct. Ft. Myers, FL 33912 <input checked="" 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
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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 exemption stated in Section 119.07(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: **Leo Boisvert PD** DATE **4-27-03** (239) 590-3905

CR2E037 (10/02)