

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90025 037 \*\*\*\*61.25

**DOCUMENT # N33640**

1. Entity Name  
**HUNTINGTON COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**MANAGEMENT SPECIALISTS  
4400 NW 36TH AVENUE  
GAINESVILLE, FL 32606 US**

Mailing Address  
**MANAGEMENT SPECIALISTS  
4400 NW 36TH AVENUE  
GAINESVILLE, FL 32606 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2969043**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIPPE, PAT  
4400 NW 36TH AVENUE  
GAINESVILLE, FL 32606**

Name  
**Cornerstone Property Solutions of North Cen. FL**  
Street Address (P.O. Box Number is Not Acceptable)  
**500 NW 43rd Street, Ste 3**

City **Gainesville** FL Zip Code **32607**

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

*Eugene Hutter*

**5-1-08**

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, 2008**

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

TITLE **P** ☒ Delete  
NAME **RUTENBERG, BARRY**  
STREET ADDRESS **PO BOX 358080**  
CITY-ST-ZIP **GAINESVILLE, FL 32635**

TITLE **D** ☐ Delete  
NAME **DENLOW, NANCY**  
STREET ADDRESS **5622 NW 48TH PLACE**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **PD** ☐ Delete  
NAME **FOSSUM, MARY**  
STREET ADDRESS **4529 NW 53RD ST**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **D** ☒ Delete  
NAME **MOHAMMAD, RAHMANI**  
STREET ADDRESS **5210 NW 44 PLACE**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **T** ☐ Delete  
NAME **KREMER, BONITA**  
STREET ADDRESS **4805 NW 53RD ST**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **David Delaney**  
STREET ADDRESS **43.5 NW 55th Way**  
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **Eugene Darfnyak** ☐ Change ☒ Addition  
NAME **5612 NW 48th Pl**  
STREET ADDRESS **Gainesville, FL 32606**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Mary Fossum*

DATE

**5-1-08 (352) 373-2730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #