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May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35142 (1)

1. Corporation Name

HUNTINGTON TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PELLINGTON, PATRICIA P.O. BOX 1233 SAFETY HARBOR FL 34695 US	C/O PELLINGTON, PATRICIA P.O. BOX 1233 SAFETY HARBOR FL 34695 US

3. Date Incorporated or Qualified: 11/07/1989

4. FEI Number: 59-3004596 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MANKIN, LEONARD J., P.A.
28050 US 19 NORTH STE 100
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	PELLINGTON, PATRICIA		1.2 NAME	MONIQUE MACDONALD	
STREET ADDRESS	2304 OXFORD CT		1.3 STREET ADDRESS	1600 HUNTINGTON LANE	
CITY-ST-ZIP	SAFETY HARBOR FL		1.4 CITY-ST-ZIP	SAFETY HARBOR	
TITLE	VD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	MONTANA, MIKE		2.2 NAME	ADAM MCCRANIE	
STREET ADDRESS	2205 WINDSONG CT		2.3 STREET ADDRESS	2306 OXFORD COURT	
CITY-ST-ZIP	SAFETY HARBOR FL		2.4 CITY-ST-ZIP	SAFETY HARBOR FL.	
TITLE	T	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	ROSS, ALBERT		3.2 NAME	DEBBIE JARAE	
STREET ADDRESS	2222 WINDSONG		3.3 STREET ADDRESS	2218 WINDSONG COURT	
CITY-ST-ZIP	SAFETY HARBOR FL		3.4 CITY-ST-ZIP	SAFETY HARBOR FL.	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ROCSCH, STEPHEN		4.2 NAME	BRIAN CABRAL	
STREET ADDRESS	2304 EATERN CT		4.3 STREET ADDRESS	1709 HUNTINGTON COURT	
CITY-ST-ZIP	SAFETY HARBOR FL		4.4 CITY-ST-ZIP	SAFTEY HARBOR FL.	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURGESS, SCOTT		5.2 NAME		
STREET ADDRESS	1707 HUNTINGTON CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		5.4 CITY-ST-ZIP		
TITLE		☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/19/98 813-533-0445