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**May 04, 1999 8:00 am**
**Secretary of State**
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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35142**

1. Corporation Name
**HUNTINGTON TRACE HOMEOWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ~~PELLINGTON, PATRICIA~~<br>P.O. BOX 1233<br>SAFETY HARBOR FL 34695<br>US | C/O ~~PELLINGTON, PATRICIA~~<br>P.O. BOX 1233<br>SAFETY HARBOR FL 34695<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 c/o Pablo Santa Cruz | 2a. Mailing Address<br>26 c/o Pablo Santa Cruz | 3. Date Incorporated or Qualifed<br>11/07/1989 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3004596 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | PD | ☒ Change ☒ Addition |
| NAME | MACDONALD, MONIQUE | | 1.2 NAME | PABLO SANTA CRUZ | |
| STREET ADDRESS | 1600 HUNTINGTON LANE | | 1.3 STREET ADDRESS | 2216 Windsong Court | |
| CITY-ST-ZIP | SAFETY HARBOR FL | | 1.4 CITY-ST-ZIP | Safety Harbor, Fla. 34695 | |
| TITLE | TD | ☒ DELETE | 2.1 TITLE | D | ☒ Change ☒ Addition |
| NAME | MCCRANK, ADAM | | 2.2 NAME | AL ROSS | |
| STREET ADDRESS | 2306 OXFORD CT | | 2.3 STREET ADDRESS | 2223 Windsong Court | |
| CITY-ST-ZIP | SAFTEY HARBOR FL | | 2. 4 CITY-ST-ZIP | Safety Harbor, Fla. 34695 | |
| TITLE | SD | ☒ DELETE | 3.1 TITLE | DV | ☒ Change ☒ Addition |
| NAME | JARAE, DEBBIE | | 3.2 NAME | MARK Christensen | |
| STREET ADDRESS | 2218 WINDSONG CT | | 3.3 STREET ADDRESS | 2309 Oxford Court | |
| CITY-ST-ZIP | SAFTEY HARBOR FL | | 3.4. CITY-ST-ZIP | Safety Harbor, Fla. 34695 | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | DS | ☒ Change ☒ Addition |
| NAME | CABRAL, BRIAN | | 4. 2 NAME | STEPHEN J. GREGSON | |
| STREET ADDRESS | 1709 HUNTINGTON CT | | 4.3 STREET ADDRESS | 2223 Windsong Court | |
| CITY-ST-ZIP | SAFTEY HARBOR FL | | 4.4 CITY-ST-ZIP | Safety Harbor, Florida 34695 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 | | |

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED STEPHEN J. GREGSON 4/1/99 727-797-3298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)