


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90390 016 ****61.25

DOCUMENT # N38349		
1. Entity Name HUNTINGTON LAKES HOMEOWNERS ASSOCIATION, INC.		

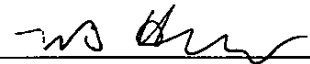
Principal Place of Business 1103 LAKE RIDGE CT SAFETY HARBOR, FL 34695 US	Mailing Address 1103 LAKE RIDGE COURT SAFETY HARBOR, FL 34695 US
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2. Principal Place of Business 1008 Lake Ridge Drive Suite, Apt. #, etc.	3. Mailing Address 1008 Lake Ridge Drive Suite, Apt. #, etc.
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City & State Safety Harbor, FL	City & State Safety Harbor, FL
Zip 34695	Country US

6. Name and Address of Current Registered Agent SHERRIFF, DIANE 1103 LAKE DRIVE COURT SAFETY HARBOR, FL 34695		7. Name and Address of New Registered Agent Name: Bruce Heinke Street Address (P.O. Box Number is Not Acceptable): 1008 Lake Ridge Drive City: Safety Harbor FL Zip Code: 34695	
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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:  Bruce Heinke 4/12/06

Signature, last name and first name of registered agent and title. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRIFF, DIANE		NAME		
STREET ADDRESS	1103 LAKE RIDGE CT.		STREET ADDRESS		
CITY ST ZIP	SAFETY HARBOR, FL 34695		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYO, BILL		NAME		
STREET ADDRESS	1009 LAKE RIDGE DR		STREET ADDRESS		
CITY ST ZIP	SAFETY HARBOR, FL 34695		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLDREDGE, CRAIG		NAME		
STREET ADDRESS	1100 LAKE RIDGE CT.		STREET ADDRESS		
CITY ST ZIP	SAFETY HARBOR, FL 34695		CITY ST ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEIER, HARRY		NAME	Bruce Heinke	
STREET ADDRESS	1010 LAKE RIDGE DR		STREET ADDRESS	1008 Lake Ridge Drive	
CITY ST ZIP	SAFETY HARBOR, FL 34695		CITY ST ZIP	Safety Harbor, FL 34695	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, BILL		NAME	Michael Cooper	
STREET ADDRESS	1015 LAKE RIDGE DR.		STREET ADDRESS	1011 Lake Ridge Drive	
CITY ST ZIP	SAFETY HARBOR, FL 34695		CITY ST ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			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:  Bruce Heinke 4/12/06 727-712-8765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Print the Phone #