
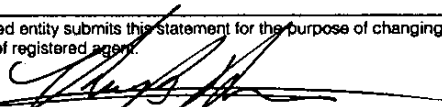
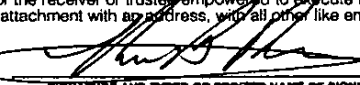


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90108 035 ****61.25

DOCUMENT # N38349 1. Entity Name HUNTINGTON LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1008 LAKE RIDGE DR SAFETY HARBOR, FL 34695 US			Mailing Address 1008 LAKE RIDGE DR SAFETY HARBOR, FL 34695 US		
2. Principal Place of Business - No P.O. Box # 1013 LAKE RIDGE DR		3. Mailing Address 1013 LAKE RIDGE DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SAFETY HARBOR, FL		City & State SAFETY HARBOR, FL		4. FEI Number 59-3070921	
Zip 34695		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEINKE, BRUCE 1008 LAKE RIDGE DR SAFETY HARBOR, FL 34695		7. Name and Address of New Registered Agent Name BECK, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 1013 LAKE RIDGE DR City SAFETY HARBOR FL Zip Code 34695			
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  1/18/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERRIFF, DIANE 1103 LAKE RIDGE CT. SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERRIFF, DIANE 1103 LAKE RIDGE CT. SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AYO, BILL 1009 LAKE RIDGE DR SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, AUCK 1013 LAKE RIDGE DR SAFETY HARBOR, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLDREDGE, CRAIG 1100 LAKE RIDGE CT. SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEIER, HARRY 1010 LAKE RIDGE DR SAFETY HARBOR, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HEINKE, BRUCE 1008 LAKE RIDGE DR SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECK, ROBERT B 1013 LAKE RIDGE DR SAFETY HARBOR, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, MICHAEL 1011 LAKE RIDGE DR SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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
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:  SECRETARY (ROBERT B. BECK) 1/18/07 727-796-5951 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					