

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N39458**

1. Entity Name

HUNTINGTON CONDOMINIUM A ASSOCIATION, INC.

Principal Place of Business

7600 NOB HILL ROAD
TAMARAC FL 33321-1829

Mailing Address

7600 NOB HILL ROAD
TAMARAC FL 33321-1829

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCAIN, DAVID
700 N.W. 107TH AVE.
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **RIEFS, MARTIN L.**
STREET ADDRESS **7600 NOB HILL ROAD**
CITY-ST-ZIP **TAMARAC FL**TITLE **DV** ☐ Delete
NAME **SCHRAGER, MARLENE**
STREET ADDRESS **7600 NOB HILL ROAD**
CITY-ST-ZIP **TAMARAC FL**TITLE **DST** ☒ Delete
NAME **EVANS, APRYL**
STREET ADDRESS **7600 NOB HILL ROAD**
CITY-ST-ZIP **TAMARAC FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **DST**
NAME **ROBINSON, SUE**
STREET ADDRESS **7600 NOB HILL ROAD**
CITY-ST-ZIP **TAMARAC, FL 33321**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Spencer Fitzgerald* **REQUIRED****FILED**
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90003 001 ***61.25

502000

DO NOT WRITE IN THIS SPACE

1/4/00 (454) 724-4015