

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40922

FILED  
Jan 14, 2007  
Secretary of State

**Entity Name:** HUNTINGTON ISLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2211 HAMPSTEAD CT  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

2211 HAMPSTEAD CT  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

**FEI Number:** 59-3039332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DONICA, MEARLE R  
2211 HAMPSTEAD CT  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD (X) Delete  
Name: THOMPSON, RICHARD  
Address: 2207 RAMSGATE CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD ( ) Delete  
Name: DONICA, MEARLE R  
Address: 2211 HAMPSTEAD CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD ( ) Delete  
Name: MOYLE, WILLIAM  
Address: 2206 RAMSGATE CT  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: MOYLE, WILLIAM  
Address: 2206 RAMSGATE CT  
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEARLE DONICA

TD

01/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date