


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90108 011 ****61.25

DOCUMENT # N45134 1. Entity Name HUNTRIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PENN FIRST MANAGEMENT INC. 1813 N DEAN RD STE 103 ORLANDO, FL 32817 US				Mailing Address PENN FIRST MANAGEMENT INC. 1813 N DEAN RD STE 103 ORLANDO, FL 32817 US <i>Boyle Mgt Services</i>	
2. Principal Place of Business <i>Boyle Mgt Services</i> Suite, Apt. #, etc. <i>498 Palm Springs Dr #235</i>		3. Mailing Address <i>498 Palm Springs Drive</i> Suite, Apt. #, etc. <i>235</i>		50025940 	
City & State <i>Altamonte Springs FL</i>		City & State <i>Altamonte Springs FL</i>		4. FEI Number 59-3107536	
Zip 32701		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENN FIRST MANAGEMENT INC 498 PALM SPRINGS DRIVE #235 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name <i>JAMES W. BOYLE</i> <i>Boyle Management Services Inc</i> Street Address (P.O. Box Number Not Acceptable) <i>Same</i> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>JAMES W. BOYLE</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD OLIVER, LAURIE 10521 GLASSBOROUGH DR ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CURTIS, KRISTINE 10509 GLASSBOROUGH DR ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATTERELL, JENNIFER 10436 GLASSBOROUGH DRIVE ORLANDO, FL 32828	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDSCHUETZ, CATHY 10431 GLASSBOROUGH DRIVE ORLANDO, FL 32828	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, CHRIS 10688 HUNTRIDGE RD ORLANDO, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 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: <i>Jennifer A. Latterell</i> <i>3/12/05</i> <i>407-382-8810</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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