

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002887

1. Entity Name

HUNTINGTON SQUARE ASSOCIATION, INC.

Principal Place of Business

3400 LAKESIDE DRIVE
SUITE 100
MIRAMAR FL 33027
US

Mailing Address

777 YAMATO ROAD
SUITE 135
BOCA RATON FL 33431
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0423820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BALITSARIS, PETER M
STREET ADDRESS 777 YAMATO ROAD, STE 135
CITY-ST-ZIP BOCA RATON FL 33431 ☒ Delete

TITLE PD
NAME Balitsaris, Peter M.
STREET ADDRESS 777 Yamato Road, Suite 135
CITY-ST-ZIP Boca Raton, FL 33431 ☒ Change ☐ Addition

TITLE VPT
NAME ACKERMAN, DENNIS
STREET ADDRESS 777 YAMATO ROAD, STE 135
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S T
NAME ANDERSON, LORI
STREET ADDRESS 777 YAMATO ROAD, STE 135
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FENZA, ROBERT E
STREET ADDRESS 65 VALLEY STREAM PARKWAY
CITY-ST-ZIP MALVERN PA 19355 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SHEPPARD, ANNE E
STREET ADDRESS 65 VALLEY STREAM PARKWAY
CITY-ST-ZIP MALVERN PA 19355 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

ANNE E. SHEPPARD REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne E. Sheppard, Director

3-30-01

(610) 648-1727

Date

Daytime Phone #

CR2E037 (10/00)

0003960

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90058 009 *****61.25



DO NOT WRITE IN THIS SPACE