



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90002 007 ***61.25

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 3450 Lakeside Drive		3. Mailing Address Suite, Apt. #, etc. Suite 135			
City & State Miramar, FL		City & State BOCA RATON, FL		4. FEI Number 65-0423820	
Zip 33027		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <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, 2004		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	PD KITRELL, RALPH	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	777 YAMATO RD.		NAME		
STREET ADDRESS	BOCA RATON, FL 33431		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	VPT GOODMAN, TINA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	777 YAMATO RD.		NAME		
STREET ADDRESS	BOCA RATON, FL 33431		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	S HOGAN, DENISE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	777 YAMATO RD.		NAME		
STREET ADDRESS	BOCA RATON, FL 33431		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D FENZA, ROBERT E	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	65 VALLEY STREAM PARKWAY		NAME		
STREET ADDRESS	MALVERN, PA 19355		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D SHEPPARD, ANNE E	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	65 VALLEY STREAM PARKWAY		NAME		
STREET ADDRESS	MALVERN, PA 19355		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u><i>Anne E Sheppard</i></u> Director 2-18-04 616 648-1700					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					