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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT

NAME

STREET ADDRESS

appears in Block 12 or 8

SIGNATURE:

N9400005576 (3)

HUNTINGTON PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Malling Address C/O LANG MANAGEMENT CO C/O LANG MANAGEMENT CO 5295 TOWN CENTER RD., STE 200 5295 TOWN CENTER RD., STE 200 **BOCA RATON FL 33486 BOCA RATON FL 33486-1088** 3. Date Incorporated or Qualified 11/10/1994 3a. Date of Last Report 10/10/1996 4. FEI Number 65-0604707 2. Principal Place of Business 2a. Mailing Address Applied For TOWN CENTER ROW TOUR CENTER ROAD *529*5 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE 200 Fee Required SUITE 200 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Namewilliam LANG MANAGEMENT CO., INC. Street Address (P.O. Box Number is Not Accept 82 5295 TOWN CENTER RD LOW 83 **STE 200 BOCA RATON FL 33486** 84 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar was a point of the purpose of changing its registered agent. I am familiar was a point of the purpose of changing its registered agent. I am familiar was a point of the purpose of changing its registered agent. I am familiar was a point of the purpose of changing its registered agent. I am familiar was a point of the purpose of changing its registered agent. I am familiar was a point of the purpose of changing its registered agent. I am familiar was a purpose of changing its registered agen SIGNATURE ol registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ___ DELÉTÉ 1.1 TITLE Bruner. Tommy L 1.2 NAME NAME 4150 WY CLIPGE COUNTRY CLUB BLVD 1000 CLINT MOORE RD., SUITE 110 1.3 STREET ADDRESS STREET ADDRESS 33467 **BOCA RATON FL 33487** 1.4 CITY-ST-ZIP CITY - ST - 7IP DELETE Addition VD 2.1 TITLE TITLE WALSH, NANCY 2.2 NAME NAME 4150 WYLLIME COUNTRY CLUB BLUD. 1000 CLINT MOORE RD., SUITE 110 2.3 STREET ADDRESS STREET ADDRESS LAKE WORTH **BOCA RATON FL 33487** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 3.1 TITLE BORG, DEAN J 3.2 NAME NAME 1000 CLINT MOORE RD., SUITE 110 3.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE

> 6.2 NAME 6.3 STREET ADDRESS

or on an attachment with an address.

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 directory of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

FILED
May 01 1997 8:00am
Secretary of State



Phone # 0045065