2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2005 8:00 am Secretary of State

DOCUMENT # N9400005576 1. Entity Name HUNTINGTON PROPERTY OWNERS' ASSOCIATION, INC.					03-23-2005 90033 016 ****61.25				
Principal Place of Business 3900 WOODLAKE BLVD., SUITE 201 4900 WOODLAKE BLVD., LAKE WORTH, FL 33463 3900 WOODLAKE BLVD., LAKE WORTH, FL 33463			SUITE 201 US			40036			
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2. Principal P	ace of Business	3. Mailing Address							
GH.BAMANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD. SUITE 309		SOU WOODLAKE BLVD SUITE 300		200	01052005 _C	hg-NP	CR2E037 (10/0)	3)	
City & BAKE WORTH, FL 33463		City ASE WORTH, FL 33463			4. FEI Number 65-060470)7		Applied For Not Applicable	
Zip	Country .	Zip	Country		5. Certificate of St	atus Desired	□ \$8.75 Fee Requ	Additional uired	
	6. Name and Address of Current R	legistered Agent			7. Name and Add	ress of New			
COPE ST. IOHN RA			Name GARY D. FIELDS						
CORE, ST. JOHN P.A. 1601 FORUM PLACE, SUITE 701			Street Address (P.O. Box Number is Not Acceptable)						
WEST PALM BEACH, FL 33401				100					
			City						
	named entity submits this statement for	the purpose of changing its re-	gistered office or	register	ed agent, or both, in	the State of F	lorida. I am familiar w	ith, and accept	
the obligat	ions of registered agent.	//					2/1/20	_	
SIGNATURE .	/ / /w						31(0/03	 	
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: R	egistered Agent signati	ure required	when reinstating)		DATE		
		·				4 1	Make check payabl	e to	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp. Trust Fund Cor	algn Financing		\$5.00 May Be Added to Fees		Make check payablerida Department o		
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I rereby certify that the information supplied with this itting 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 eath; 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05

161-963-2922

Daytime Phone #