2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N94000005576

Entity Name: HUNTINGTON PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0604707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDS, GARY D
4400 PGS BLVD
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FEINSTEIN, MERVYN	
Address:	4454 HAZLETON LANE	
City-St-Zip:	LAKE WORTH, FL 33449	
Title:	D	( ) Delete
Name:	BREITNERS, STANLEY	
Address:	4462 HAZELTON LANE	
City-St-Zip:	LAKE WORTH, FL 33449	
Title:	TD	( ) Delete
Name:	ZUCKERMAN, KARL	
Address:	4485 HAZELTON LANE	
City-St-Zip:	LAKE WORTH, FL 33449	
Title:	PD	( ) Delete
Name:	STANGER, ROBERT	
Address:	4685 HAZLETON LANE	
City-St-Zip:	LAKE WORTH, FL 33449	
Title:	T	( ) Delete
Name:	BROWN, GERALD	
Address:	4698 HAZLETON LANE	
City-St-Zip:	LAKE WORTH, FL 33449	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	BAYLINSON, ELAINE	
Address:	4553 HAZLETON LANE	
City-St-Zip:	LAKE WORTH, FL 33449	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT STANGER PD 02/27/2009

Electronic Signature of Signing Officer or Director — Date