2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N95000001547

Entity Name: HUNTINGTON POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3306297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: LEVY, HOWARD
Address: 1886 WENTWOOD COVE
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete
Name: ORMEROD, MARY
Address: 136 OAK GROVE CIR
City-St-Zip: LAKE MARY, FL 32746

Title: TD ( ) Delete
Name: HACKETT, CAROL
Address: 1863 VALLEY WOOD WAY
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Delete
Name: PANDOLFI, RICHARD
Address: 281 HANGING MOSS CIR
City-St-Zip: LAKE MARY, FL 32746

Title: VPD (X) Delete
Name: JAKOB, PAUL
Address: 1838 VALLEY WOOD WAY
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JAKOB, PAUL
Address: 1838 VALLEY WOOD WAY
City-St-Zip: LAKE MARY, FL 32746

Title: VPD (X) Change ( ) Addition
Name: RAINE, MICHAUX
Address: 1834 VALLEY WOOD WAY
City-St-Zip: LAKE MARY, FL 32746

Title: TSD (X) Change ( ) Addition
Name: HAUSSMANN, RICHARD
Address: 1749 PINE BAY DR
City-St-Zip: LAKE MARY, FL 32746

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: PAUL JAKOB PD 04/22/2008

Electronic Signature of Signing Officer or Director — Date