

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90205 031 ****61.25

DOCUMENT # N95000001547

1. Entity Name
HUNTINGTON POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779**

Mailing Address

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3306297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **CAMPBELL, ALAN**
STREET ADDRESS **1877 PINE BAY DR**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☒ Change ☐ Addition
NAME **Campbell, Allan**
STREET ADDRESS **1877 Pine Bay Drive**
CITY-ST-ZIP **LAKE Mary, FL 32746**

TITLE **VD** ☒ Delete
NAME **JAKOB, PAUL**
STREET ADDRESS **1838 VALLEY WOOD WAY**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **PD** ☐ Change ☒ Addition
NAME **Jo Ann Lucarelli**
STREET ADDRESS **298 Hanging Moss Circle**
CITY-ST-ZIP **LAKE Mary, FL 32746**

TITLE **SD** ☒ Delete
NAME **SHULTZ, DON**
STREET ADDRESS **304 GRAND VALLEY DR.**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **SD** ☐ Change ☒ Addition
NAME **MARY Ormerod**
STREET ADDRESS **136 Oak Grove Circle**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **D** ☐ Delete
NAME **TUCKER, CHARLES**
STREET ADDRESS **171 OAK GROVE CIR**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Change ☒ Addition
NAME **Rich Haussman**
STREET ADDRESS **1749 Pine Bay Dr.**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **PD** ☐ Delete
NAME **PEISNER, STUART**
STREET ADDRESS **1793 PINE BAY DR**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☒ Change ☐ Addition
NAME **Peisner, Stuart**
STREET ADDRESS **1793 Pine Bay Dr.**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **D** ☐ Delete
NAME **ESCUE, KEITH**
STREET ADDRESS **183 OAK GROVE CIR.**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **TD** ☒ Change ☐ Addition
NAME **Escue, Keith**
STREET ADDRESS **183 Oak Grove Circle**
CITY-ST-ZIP **LAKE MARY, FL 32746**

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: **SIGNATURE REQUIRED** **LU CARELLI, PRESIDENT 4/7/03**

CR2E037 (10/02)