

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90022 013 ****61.25

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1. Entity Name
HUNTINGTON ESTATES COMMUNITY ASSOCIATION, INC.



Principal Place of Business
912 WYNGATE COURT
SAFETY HARBOR, FL 34695 US

Mailing Address
912 WYNGATE COURT
SAFETY HARBOR, FL 34695 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3467481

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMRUSO, RICHARD
912 WYNGATE COURT
SAFETY HARBOR, FL 34695

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

Filing Fee is \$61.25
Due by May 1, 2006

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 PD ☐ Delete
NAME AMRUSO, RICHARD
STREET ADDRESS 912 WYNGATE COURT
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME WINTERS, KEN
STREET ADDRESS 922 WYNGATE CT
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE VPD ☐ Change ☒ Addition
NAME LINDA Vredenburg
STREET ADDRESS 903 Wyngate ct
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE T ☐ Delete
NAME SHARON, PARRY
STREET ADDRESS 913 WYNGATE CT
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME JAROSZ, CAROL
STREET ADDRESS 917 WYNGATE CT
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Sharon Parry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

727-726-3163

Date

Daytime Phone #