
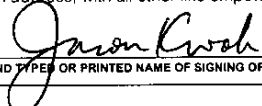


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90017 049 ****61.25

DOCUMENT # N95000004040					
1. Entity Name HUNTINGTON ESTATES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 914 WYNGATE COURT SAFETY HARBOR, FL 34695 US			Mailing Address 914 WYNGATE COURT SAFETY HARBOR, FL 34695 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3467481	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMRUSO, RICHARD 912 WYNGATE COURT SAFETY HARBOR, FL 34695				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
AMRUSO, RICHARD 912 WYNGATE COURT SAFETY HARBOR, FL 34695				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE PD	NAME AMRUSO, RICHARD	<input checked="" type="checkbox"/> Delete	TITLE PRES	NAME DAN REINIGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 914 WYNGATE CT	CITY-ST-ZIP SAFETY HARBOR, FL 34695		STREET ADDRESS 914 Wyngate Ct	CITY-ST-ZIP Safety Harbor FL 34695	
TITLE VPD	NAME VRENDENBURGH, LINDA	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 903 WYNGATE CT	CITY-ST-ZIP SAFETY HARBOR, FL 34695		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE T	NAME SHARON, PARRY	<input checked="" type="checkbox"/> Delete	TITLE TREASURER	NAME JASON KWOK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 913 WYNGATE CT	CITY-ST-ZIP SAFETY HARBOR, FL 34695		STREET ADDRESS 907 Wyngate Ct	CITY-ST-ZIP Safety Harbor FL 34695	
TITLE S	NAME JAROSZ, CAROL	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 917 WYNGATE CT	CITY-ST-ZIP SAFETY HARBOR, FL 34695		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		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: 			2/25/08 727 542 6281		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		