

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90049 045 ****61.25

DOCUMENT # N96000000290

1. Entity Name

HUNTINGTON NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

% PREMIER COMMUNITY MANAGERS
1255 BELLE AVE #167
WINTER SPRINGS FL 32708

Mailing Address

% PREMIER COMMUNITY MANAGERS
1255 BELLE AVE #167
WINTER SPRINGS FL 32708

40017000



1st MOORE

CR2E037 (10/04)

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

59-3387613

Applied For

Not Applicable

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

HOUSE, GARY
%PREMIER COMMUNITY MANAGERS
1255 BELLE AVE #167
WINTER SPRINGS FL 32708

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
Due By May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAMEL, LEONARD	
STREET ADDRESS	2242 BELSFIELD CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SEDLACER, GEORGE	
STREET ADDRESS	2205 STONE BRIDGE WAY	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAY, WILLIAM	
STREET ADDRESS	2225 KINGSMILL WAY	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARRABRANDT, ROSE MARY	
STREET ADDRESS	3705 FAIRFIELD DR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORNGESSER, BOB	
STREET ADDRESS	3627 HAWKSNEAD DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Ingmanson	
STREET ADDRESS	3909 Alfordman Ct	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Leonard Hamel, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #