


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90046 032 \*\*\*\*61.25

<b>DOCUMENT # N96000000290</b>		
1. Entity Name HUNTINGTON NEIGHBORHOOD ASSOCIATION, INC.		
Principal Place of Business % PREMIER COMMUNITY MANAGERS 515 ADANSON AVE., STE 99 ORLANDO, FL 32810	Mailing Address % PREMIER COMMUNITY MANAGERS 515 ADANSON AVE., STE 99 ORLANDO, FL 32810	

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2. Principal Place of Business - No P.O. Box #

PREMIER COMMUNITY MANAGERS INC  
5151 ADANSON ST SUITE 103  
ORLANDO, FL 32804

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5151 ADANSON ST SUITE 103  
ORLANDO, FL 32804

01312007

Chg-NP

CR2E037 (12/06)

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  HOUSE, GARY %PREMIER COMMUNITY MANAGERS 5151 ADANSON AVE., STE.99 ORLANDO, FL 32810		7. Name and Address of New Registered Agent  Name <i>Gary House</i>  PREMIER COMMUNITY MANAGERS INC 5151 ADANSON ST SUITE 103 ORLANDO, FL 32804  FL Zip Code	
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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

*Gary House*

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, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAMEL, LEONARD 2242 BELSFIELD CIRCLE CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAROL WIEGAND 3717 FAIRFIELD DR CLERMONT, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROVOLINSKI, ARTHUR 3665 HAWKSHEAD DR. CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Len Kruczyk 3731 HASTING LANE CLERMONT, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, WILLIAM 2225 KINGSMILL WAY CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAROL BAKER 3623 HAWKSHEAD DRIVE CLERMONT, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORNGESSER, BOB 3627 HAWKSNEAD DRIVE CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THAD MAKOWSKI 3715 FAIRFIELD DRIVE CLERMONT, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *ARTHUR REVOLINSKI - TREASURER* *Arthur Revolinski* 3/30/07 352-243-1085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #