

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90014 050 ****61.25

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1. Entity Name
HUNTINGTON OWNERS ASSOCIATION, INC.



Principal Place of Business
**4463 KINGSLYNN ROAD
NICEVILLE, FL 32578**

Mailing Address
**P.O. BOX 1983
NICEVILLE, FL 32578**

50001851



2. Principal Place of Business

1822 Huntington Road

3. Mailing Address

Suite, Apt. #, etc.

02082006 Chg-NP CR2E037 (11/05)

City & State
Niceville FL

City & State

4. FEI Number
59-3481561

Applied For
Not Applicable

Zip Country
32578 USA

Zip Country

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

6. Name and Address of Current Registered Agent

**RILEE, MONIQUE
4463 KINGSLYNN ROAD
NICEVILLE, FL 32578**

7. Name and Address of New Registered Agent

Name **Minya J. Greer**

Street Address (P.O. Box Number is Not Acceptable)
1822 Huntington Road

City **Niceville** **FL** Zip Code **32578**

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

Minya J. Greer

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

(NOTE: Registered Agent signature required when reinstating)

2-9-06

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

TITLE **S** ☒ Delete
NAME **WILEY, BARBARA**
STREET ADDRESS **1212 HUNTINGTON RD**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **T** ☒ Delete
NAME **RILEE, MONIQUE**
STREET ADDRESS **4463 KINGSLYNN ROAD**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **PD** ☒ Delete
NAME **GROSS, HENRY**
STREET ADDRESS **4468 WOODBRIDGE ROAD**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **D** ☒ Delete
NAME **ULRICH, RICHARD**
STREET ADDRESS **4475 WOODBRIDGE RD**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **D** ☒ Delete
NAME **SWANSIGER, PAT**
STREET ADDRESS **4459 KINGSLYNN RD**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Change ☒ Addition
NAME **Brian Amos**
STREET ADDRESS **1824 Huntington Road**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE **T** ☒ Change ☒ Addition
NAME **Minya Greer**
STREET ADDRESS **1822 Huntington Road**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE **D** ☒ Change ☒ Addition
NAME **David Smith**
STREET ADDRESS **4461 Kingslynn Road**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE **D** ☒ Change ☒ Addition
NAME **Cheryl Scaglione**
STREET ADDRESS **4453 Kingslynn Road**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE **D** ☒ Change ☒ Addition
NAME **Dorene White**
STREET ADDRESS **4483 Woodbridge Road**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE ☐ Change ☐ Addition
NAME **cl**
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.

Dorene White