

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001630

FILED
Feb 04, 2008
Secretary of State

Entity Name: HUNTINGTON OWNERS ASSOCIATON, INC.

Current Principal Place of Business:

4461 KINGSLYNN RD
NICEVILLE, FL 32578

New Principal Place of Business:

4481 WOODBRIDGE RD
NICEVILLE, FL 32578

Current Mailing Address:

P.O. BOX 1983
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-3481561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DAVID R
4461 KINGSLYNN RD
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

JOSEY, DEBORAH K
4481 WOODBRIDGE RD
NICEVILLE, FL 32578 US

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.

SIGNATURE: DEBORAH K. JOSEY

02/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S,T () Delete
Name: BROWN, BARBARA
Address: 4460 KINGSLYNN RD
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: SMITH, DAVID
Address: 4453 KINGSLYNN RD
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: SCAGLIONE, CHERYL
Address: 4453 KINGSLYNN RD
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: WHITE, DORENE
Address: 4483 WOODBRIDGE RD
City-St-Zip: NICEVILLE, FL 32578

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BROWN, BARBARA
Address: 4460 KINGSLYNN RD
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUNT, KANDY
Address: 1802 DIVINEY CT
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: JOSEY, DEBORAH K
Address: 4481 WOODBRIDGE RD
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH K. JOSEY

T

02/04/2008

Electronic Signature of Signing Officer or Director

Date