03171999-90002-023-$122.50-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90002 023 ***122.50

DOCUMENT # N98000002274

1. Corporation Name
HUNTINGTON HILLS VILLAS PROPERTY OWNERS ASSOCIAT ION. INC.

Principal Place of Business	Mailing Address
2626 DUFF ROAD LAKELAND FL ~~33809~~	2626 DUFF ROAD LAKELAND FL ~~33809~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/20/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ☐ Applied For ☒ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 33810 Country 24 25	Zip 33810 Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SOCIA, CLARENCE J
2626 DUFF ROAD
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name PETERSON, ELAINE K.
82 Street Address (P.O. Box Number is Not Acceptable) 2626 Duff Rd.
83
84 City LAKELAND FL 85 Zip Code 33810

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE Elaine K. Peterson 1-10-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SOCIA, CLARENCE J		12 NAME		
STREET ADDRESS	105 HEATHERPOINT DR.		13 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809		14 CITY-ST-ZIP		
TITLE	D	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SOCIA, DELORES		22 NAME		
STREET ADDRESS	105 HEATHERPOINT DR.	Do Not Delete	23 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PETERSON, ELAINE		32 NAME		
STREET ADDRESS	7041 MONTREAL DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clarence J Socia 1-10-99 941-859-1407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #