

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90032 041 ****61.25

DOCUMENT # N98000002274					
1. Entity Name HUNTINGTON HILLS VILLAS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 1192 KATHLEEN, FL 33849-1192			Mailing Address PO BOX 1192 KATHLEEN, FL 33849-1192		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERTS, SHARON A. 6843 WINKWORTH PARKWAY LAKE LAND, FL 33810			Name <u>Bigelow, Donald B.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6836 Winkworth Parkway</u> City <u>Lakeland</u> <u>FL</u> Zip Code <u>33810</u>		
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 <u>Donald B. Bigelow</u> <u>Donald B. Bigelow, President</u> <u>7-9-2008</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S MOORE, NANCY 6834 WINKWORTH PKWY LAKE LAND, FL 33810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROBERTS, SHARON A. 6843 WINKWORTH PARKWAY LAKE LAND, FL 33810	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIGELOW, DONALD 6836 WINKWORTH PKWY LAKE LAND, FL 33810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Rhodes, Ted 6878 Winkworth Parkway Lakeland FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Staley, Les 6874 Winkworth Parkway Lakeland FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glascock, Todd 6852 Bendelow Drive Lakeland FL 33810	<input type="checkbox"/> Change <input checked="" 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: <u>Donald B. Bigelow</u> <u>Donald B. Bigelow, President</u> <u>7/9/08</u> <u>(863) 859-1776</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					