

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:20

DOCUMENT # 750217 (2)
1. Corporation Name
HUNTINGTON LAKES, INC.

Principal Place of Business Mailing Address
7355 HUNTINGTON LANE 7355 HUNTINGTON LANE
DELRAY BEACH FL 33446-2987 DELRAY BEACH FL 33446-2987

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1979 3a. Date of Last Report 02/23/1994
4. FEI Number 59-197004 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GORDON, ARLENE
7355 HUNTINGTON LANE
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRUH, SAUL
STREET ADDRESS	7340 AMBERLY LANE
CITY-ST-ZIP	DELRAY BEACH FL 33446
TITLE	VD
NAME	PHILLIPS, HAROLD
STREET ADDRESS	7006 HUNTINGTON LN.
CITY-ST-ZIP	DELRAY BEACH FL 33446
TITLE	SD
NAME	SIEGEL, PAUL
STREET ADDRESS	6855 KENSINGTON LANE
CITY-ST-ZIP	DELRAY BEACH FL 33446
TITLE	TD
NAME	WOLFENSON, MORTY
STREET ADDRESS	1446 AMBERLY LANE
CITY-ST-ZIP	DELRAY BEACH FL 33446
TITLE	D
NAME	GREENE, RAYMOND
STREET ADDRESS	7310 ASHFORD PLACE
CITY-ST-ZIP	DELRAY BEACH FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tuchfeld, Abe
3.3 STREET ADDRESS	7290 Kinghurst Dr. #410
3.4 CITY-ST-ZIP	Delray Beach, FL 33446 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kroll, Albert
5.3 STREET ADDRESS	14360 Strathmore Lane, #101
5.4 CITY-ST-ZIP	Delray Beach, FL 33446
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Saul Bruh SAUL BRUH 1/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #