

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 750217 (2)

1. Corporation Name
HUNTINGTON LAKES, INC.



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

3. Date Incorporated or Qualified: 12/13/1979
3a. Date of Last Report: 01/27/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1970044	Applied For: <input type="checkbox"/>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Country	29. Country		

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	100001731221
82. Street Address (P.O. Box Number is not accepted)	030486-0100B-012
83.	***61.25
84. City	FL
	85. Zip Code

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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BRUH, SAUL <input checked="" type="checkbox"/> DELETE	1.1 TITLE: SECRETARY SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRUH, SAUL		1.2 NAME: ASRO, JOSEPH	
STREET ADDRESS: 7340 AMBERLY LANE		1.3 STREET ADDRESS: 7321 AMBERLY LANE #101	
CITY-ST-ZIP: DELRAY BEACH FL 33446		1.4 CITY-ST-ZIP: DELRAY BEACH, FL 33446	
TITLE: VD	PHILLIPS, HAROLD <input type="checkbox"/> DELETE	2.1 TITLE: VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PHILLIPS, HAROLD		2.2 NAME: PHILLIPS, HAROLD	
STREET ADDRESS: 7006 HUNTINGTON LN.		2.3 STREET ADDRESS: 7006 HUNTINGTON LANE	
CITY-ST-ZIP: DELRAY BEACH FL 33446		2.4 CITY-ST-ZIP: DELRAY BEACH, FL 33446	
TITLE: Sxpd	TUCHFELD, ABE <input type="checkbox"/> DELETE	3.1 TITLE: PRESIDENT PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TUCHFELD, ABE		3.2 NAME: TUCHFELD, ABE	
STREET ADDRESS: 7290 KINGHURST DRIVE \$410		3.3 STREET ADDRESS: 7290 KINGHURST DRIVE #410	
CITY-ST-ZIP: DELRAY BEACH FL		3.4 CITY-ST-ZIP: DELRAY BEACH, FL 33446	
TITLE: TD TD	WOLFENSON, MORTY <input type="checkbox"/> DELETE	4.1 TITLE: TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WOLFENSON, MORTY		4.2 NAME: WOLFENSON, MORTY	
STREET ADDRESS: 1446 AMBERLY LANE		4.3 STREET ADDRESS: 1446 AMBERLY LANE	
CITY-ST-ZIP: DELRAY BEACH FL 33446		4.4 CITY-ST-ZIP: DELRAY BEACH, FL 33446	
TITLE: VP VD	KROLL, ALBERT <input type="checkbox"/> DELETE	5.1 TITLE: VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KROLL, ALBERT		5.2 NAME: KROLL, ALBERT	
STREET ADDRESS: 14360 STRATHMORE LANE, #101		5.3 STREET ADDRESS: 14360 STRATHMORE LANE #101	
CITY-ST-ZIP: DELRAY BEACH FL		5.4 CITY-ST-ZIP: DELRAY BEACH, FL 33446	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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: *Arleene Gordon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

ASRO
3-2-96