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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 750217 (2)

1. Corporation Name

HUNTINGTON LAKES, INC.



Principal Place of Business

Mailing Address

7355 HUNTINGTON LANE
DELRAY BEACH FL 33446-2967

7355 HUNTINGTON LANE
DELRAY BEACH FL 33446-2967

3. Date Incorporated or Qualified
12/13/1979

3a. Date of Last Report
03/02/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON, ARLENE
7355 HUNTINGTON LANE
DELRAY BEACH FL 33446

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 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

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 PD
NAME TUCHFELD, ABE
STREET ADDRESS 7290 KINGHURST DRIVE #410
CITY-ST-ZIP DELRAY BEACH FL 33446

1.1 TITLE President PD
1.2 NAME TUCHFELD, ABE
1.3 STREET ADDRESS 7290 KINGHURST DRIVE #410
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE VD
NAME PHILLIPS, HAROLD
STREET ADDRESS 7006 HUNTINGTON LN.
CITY-ST-ZIP DELRAY BEACH FL 33446

2.1 TITLE VICE PRESIDENT - 1st VD
2.2 NAME PHILLIPS, HAROLD
2.3 STREET ADDRESS 7006 HUNTINGTON LANE #205
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE TD
NAME WOLFENSON, MORTY
STREET ADDRESS 1446 AMBERLY LANE
CITY-ST-ZIP DELRAY BEACH FL 33446

3.1 TITLE TREASURER TD
3.2 NAME SILVERMAN, PHILIP
3.3 STREET ADDRESS 7286 HUNTINGTON LANE #104
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE VD
NAME KROLL, ALBERT
STREET ADDRESS 14360 STRATHMORE LANE, #101
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE VICE PRESIDENT - 2nd XX VD
4.2 NAME KROLL, ALFRED
4.3 STREET ADDRESS 14360 STRATHMORE LANE #101
4.4 CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE SECRETARY SD
5.2 NAME ASRO, JOSEPH
5.3 STREET ADDRESS 7321 AMBERLY LANE #101
5.4 CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Abraham Tuchfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/6/97 561-498-0228
Daytime Phone # 0043293

CR2E037 (9/96)