

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 750217

1. Entity 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



01092006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-1970044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, ARLENE
7355 HUNTINGTON LANE
DELRAY BEACH, FL 33446

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6. 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUCHFELD, ABE 7290 KINGHURST DRIVE #410 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZV PALLER, AARON 7006 HUNTINGTON LANE, #303 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVERMAN, PHILIP 7286 HUNTINGTON LANE #104 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SORENS, HAROLD 14425 STRATHMORE LANE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSENTHAL, IRVING 7281 AMBERLY LANE # 407 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1/10/06 20287
 02/15/06-80047-019 61.25

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harold Sorens* **HAROLD SORENS** 2/1/06 561 498-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Phone #