

2000 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
May 15, 2000 8:00 am
Secretary of State

02-07-2000 90082 022 ****61.25

DOCUMENT # N24638

1. Entity Name

HUNTINGTON TOWERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7360 S ORIOLE BLVD
 SUITE E606
 DELRAY BEACH FL 33446

7360 S ORIOLE BLVD
 SUITE E606
 DELRAY BEACH FL 33446-1392

2. Principal Place of Business

7370 S. Oriole Blvd

3. Mailing Address

7370 S. Oriole Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLray Beach FL

City & State

DeLray Beach FL

4. FEI Number

65-0028126

Applied For

Not Applicable

Zip

33446

Country

Zip

33446

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCLOSKEY, WILLIAM L
 C/O SEACREST SERVICES INC
 3706 GEORGIA AVE
 W PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name *LOUIS CAPLAN, ESQUIRE*
 Street Address (P.O. Box Number is Not Acceptable)
410 ST. JOHN, DICKIE CAPLAN KENTON LORR
700 AUSTRALIAN AVE SO - SUITE 600
 City *WEST PALM BEACH* FL Zip Code *33401*

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALIN, SIDNEY	
STREET ADDRESS	7360 S ORIOLE BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HORNSTINE, STAN	
STREET ADDRESS	7380 S. ORIOLE BLVD. N506	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KLINE, JOSEPH Q	
STREET ADDRESS	7380 S ORIOLE BLVD N701	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIMMEMEM, SIDNEY	
STREET ADDRESS	7370 SOUTH ORIOLE BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEWIS, LAWRENCE L	
STREET ADDRESS	7360 ORIOLE BLVD E606	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, ART	
STREET ADDRESS	7360 S ORIOLE BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33441	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM LEVY	
STREET ADDRESS	7370 S. ORIOLE BLVD 305	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	BOARD MEMBER D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT NAVAR	
STREET ADDRESS	7370 S. ORIOLE BLVD 701	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	PRESIDENT PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOARD MEMBER D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Direct

498-0790

CR2E037 (9/99)