


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90031 012 \*\*\*\*61.25

<b>DOCUMENT # N24638</b>			
1. Entity Name HUNTINGTON TOWERS ASSOCIATION, INC.			
Principal Place of Business 7370 S ORIOLE BLVD DELRAY BEACH FL 33446		Mailing Address 7370 S ORIOLE BLVD DELRAY BEACH FL 33446	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0028126		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  CAPLAN, LOUIS ESQ. % SACHS, SAX & KLEIN, P.A. 301 YAMATO RD., STE. 4150 BOCA RATON FL 33431-4932		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVY, WILLIAM 7370 S ORIOLE BLVD #305 DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERLIN, ROBERT (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7380 S. ORIOLE BLVD N303 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD HORNSTINE, STAN 7380 S ORIOLE BLVD N506 DELRAY BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MESSANGER, BERTRAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7370 S. ORIOLE BLVD C807 (D) DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUBIN, ROBERT 7370 S. ORIOLE BLVD #104 DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIDA, ALEX 7380 S. ORIOLE BLVD., #305 DELRAY BEACH FL 33446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, LAWRENCE L 7360 ORIOLE BLVD E606 DELRAY BEACH FL 33466 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, ART 7360 S ORIOLE BLVD # 701 DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Arthur B. Jenkins Pres* **ARTHUR B. JENKINS** 1/29/04 561 496 0716  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #