


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90035 029 ****61.25

DOCUMENT # N24638
 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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40045500



03072008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0028126

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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)

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MESSANGER, BERT 7370 S ORIOLE BLVD #307 DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUEWITZ, BUD 7380 S ORIOLE BLVD 207 DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOUIS, SCHLOSS 7370 S. ORIOLE BLVD #302 DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISBERG, ARTHUR 7380 S. ORIOLE BLVD DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, LAWRENCE L 7360 ORIOLE BLVD E606 DELRAY BEACH, FL 33466	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENKINS, ARTHUR B 7360 S ORALE BLVD # 701 DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D SABIN, MILTON 7360 SOUTH ORIOLE BLVD #303 DELRAY BEACH FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIA GORMAN 7370 SOUTH ORIOLE BLVD # 604 DELRAY BEACH FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICTOR CASSANO 7360 SOUTH ORIOLE BLVD # 701 DELRAY BEACH FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Arthur B Jenkins* ARTHUR JENKINS, PRESIDENT 3/11/08 561-498-0790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #