

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005282

1. Entity Name

HUNTINGTON LAKES RESIDENTS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6702 LONE OAK BLVD  
NAPLES FL 34109  
US

6702 LONE OAK BLVD  
NAPLES FL 34109  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0624741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

KENT Kolegue

Street Address (P.O. Box Number is Not Acceptable)

6702 LONE OAK BLVD

City

Naples

FL

Zip Code

34109

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

*Kent Kolegue*

Kent Kolegue

4-4-02

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	SLEEK, HARRY	
STREET ADDRESS	7777 GLADES ROAD STE 410	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SACLISE, FRANK	
STREET ADDRESS	2520 ASPENCREEK LANE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEST, ALFRED	
STREET ADDRESS	7777 GLADES ROAD STE 410	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Fahy	
STREET ADDRESS	6745 Huntington Lakes Circle #101	
CITY-ST-ZIP	Naples, FLA. 34119	
TITLE	V.P. / D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Goff	
STREET ADDRESS	6560 Huntington Lakes Circle #202	
CITY-ST-ZIP	Naples, FLA. 34119	
TITLE	SIT / D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Ross	
STREET ADDRESS	2440 Millcreek Ln #101	
CITY-ST-ZIP	Naples, FLA. 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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:

*John Ross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02

Date

941596-1886

Daytime Phone



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)