FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N9700000381 (0) **DOCUMENT** #

HUNTINGTON LAKES TWO CONDOMINIUM ASSOCIATION, IN

Principal Place of Business		Mailing Address			1 (401) 10 10 10 10 10 10 10 10 10 10 10 10 10
7777 GLADES RD		7777 GLADES RD			3. Date Incorporated or Qualified
SUITE 410		SUITE 410			01/17/1997
BOCA RATON FL 33434		BOCA RATON FL 33434			4. FEI Number Applied For
					1,5 -0 796149 Not Applicable
2. Principal F	2. Principal Place of Business 2a. Mailing Address				CO 75 4 480
26					5. Certificate of Status Desired Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.					8. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution Added to Fees
	City & State City & State				7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes ☐ No
Zip	Country	Zip	_ Country	1	8. This corporation owes or has paid the current year Intangible
24	25	29 30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New Registered Agent
			"	Marine	
Passidomo , Kathleen C			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
R840 GOLDEN GATE PKWY			83		
	SUITE #315				
MAPLES FL 34105			84	City	85 Zip Code
<u> </u>				L	FL * 2 5000
. office or i	registered agent, or both, in the State	2 and 617.1508, Florida Statutes, of Florida. Such change was aut	tne abovi horized by	e-namea co v the corpo	orporation submits this statement for the purpose of changing its registered retion's board of directors. I hereby accept the appointment as registered
agent. La	am familiar with, and accept the obliga	itions of, Section 617.0503, Florid	a Statute	3.	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS ANI		13.	ent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	the state of the s		1.1 TITLE	- 1	Change Addition
NAME	1 7	SLEEK, HARRY			
STREET ADDRESS	STATE OF A STATE OF A STATE AND		1.3 STREET	ADDDCCC	
CITY-ST-ZIP	BOOL DITOUR SALES				
TITLE			1.4 CITY-S 2.1 TITLE	11- ZIP	☐ Change ☐ Addition
NAME			2.2 NAME		_ State _ Nation
STREET ADDRESS	denne ar rued an arrows		2.3 STREET	AUUBECC	
CITY-ST-ZIP	BOOK BATOM St. ADAM		2.4 CITY-5		
TITLE			3.1 THILE	31.215	Change Addition
NAME	WEST, ALFRED		3.2 NAME		
STREET ADDRESS	7777 GLADES RD SUITE 410		3.3 STREET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434		3.4. DITY-5		
TITLE		☐ DELETE			☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-S		
TITLE		DELETE	5.1 TITLE	11 - ERF	☐ Change ☐ Addition

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

CIGNATURE.

STREET ADDRESS

STREET ADDRESS

CITY-\$T-ZIP

TITLE

NAME

Change

__ AddItion

FILED

May 20 1998 8:00am

Secretary of State