2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000381

Address:

City-St-Zip:

6702 LONE OAK

NAPLES, FL 34109

Apr 15, 2004 Secretary of State

Entity Name: HUNTINGTON LAKES TWO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6702 LONE OAK BLVD NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 6702 LONE OAK BLVD NAPLES, FL 34109 FEI Number: 65-0746144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FALK, STEVEN M 850 PARK SHORE DR 3RD FLOOR NAPLES, FL 34103 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition TAMBURRO, MARIE JORDAN, ROSE M Name: Name: Address: 6300 HAMPTON LAKES CIR. #204 Address: 2500 ASPENCREEK LANE #101 City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: (X) Change () Addition DEMERITZ, JOHN Name: Name: MOSER, LONA Address: 6310 HUNTINGTON LAKES CIR. Address: 6550 HUNTINGTON LAKES CIRCLE #203 City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: DST (X) Change () Addition GAROFALO, ISABEL GARWOOD, NANCY Name: Name: 2540 ASPENCREEK LANE CIR. #201 2453 MILLCREEK LANE #201 Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: AST (X) Delete Title: () Change () Addition KULEGUR, KENT Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LONA MOSER VP 04/15/2004