

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

0049385

**DOCUMENT # N97000006753**

02-27-2002 90073 016 \*\*\*\*61.25

1. Entity Name

**HUNTINGTON LAKES THREE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~6702 LONE OAK BLVD  
 NAPLES FL 34108~~

6702 LONE OAK BLVD  
 NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0815601

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  ~~Not Applicable~~

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KOLEGUE, KENT  
 6702 LONE OAK BLVD  
 NAPLES FL 34109~~

Name **STEVE FALK - ROETZAL** Address  
 Street Address (P.O. Box Number is Not Acceptable)  
**850 PARK SHORE DRIVE**  
**TRIANON CENTRE - 3RD FLOOR**  
 City **Naples** FL Zip Code **34103**

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

*Steve Falk*

2/14/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOWNS, DON 6270 HUNTINGTON LAKES CIRCLE NAPLES FL 34119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BERMAN, BARBARA 6280 HUNTINGTON LAKES CIRCLE NAPLES FL 34119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDLEY, OWEN 2535 ASPENCREEK LANE #202 NAPLES FL 34119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D NANCY PURTIL 2545 ASPENCREEK #102 NAPLES, FL 34119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRED FISHBACK 2555 ASPENCREEK #201 NAPLES, FL 34119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH CANTONese 2505 ASPENCREEK #101 NAPLES, FL 34119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA ROSEN 6600 HUNTINGTON LAKES CIR. #204 NAPLES, FL 34119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS LUKE 6270 HUNTINGTON LAKES CIR. #201 NAPLES, FL 34119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Barbara Rosen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02 941-596-1886  
 Date Daytime Phone #

CFR2E037 (9/01)