


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90005 019 \*\*\*\*61.25

DOCUMENT # N97000006753			
1. Entity Name HUNTINGTON LAKES THREE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34108		Mailing Address 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34108	
2. Principal Place of Business - No P.O. Box # 2220 Jandc Blvd Suite, Apt. #, etc. Suite 1 City & State Naples, FL Zip 34109 Country USA		3. Mailing Address 2220 Jandc Blvd Suite, Apt. #, etc. Suite 1 City & State Naples, FL Zip 34109 Country USA	
6. Name and Address of Current Registered Agent STEVE FALK - ROETZAL & ANDRESS 850 PARK SHORE DRIVE TRIANON CENTRE - 3RD FLOOR NAPLES, FL 34103		7. Name and Address of New Registered Agent Name C&L Management Services Street Address (P.O. Box Number Not Acceptable) 2220 Jandc Blvd, Suite 1 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Robert P. Titus</u> <u>Managing Agent</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required upon reinstatement) DATE		4. FEI Number 65-0815601 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01172007 Chg-NP CR2E037 (12/06)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME LUKE, TIM STREET ADDRESS 6270 HUNTINGTON LAKES CIR 201 CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Tom Luke STREET ADDRESS CITY-ST-ZIP	
TITLE VP NAME UCKETTER, DAVE STREET ADDRESS 6600 HUNTINGTON LAKES CIR 104 CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T NAME CABLE, FRED STREET ADDRESS 2565 ASPEN CREEK LANE #103 CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S NAME PRESLEY, GREG STREET ADDRESS 6270 HUNTINGTON LAKES CIR 202 CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME FUGGI, DON STREET ADDRESS 2555 ASPIN CREEK LN 101 CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <u>Robert Titus</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/27/07</u> (239) 596-1886 Daytime Phone #	