

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90100 050 \*\*\*\*61.25

**DOCUMENT # N99000001154**

1. Entity Name  
**HUNTINGTON LAKES FOUR CONDOMINIUM ASSOCIATION, I**

Principal Place of Business <b>6550 HUNTINGTON LAKES CIR #104          NAPLES FL 34119</b>	Mailing Address <b>6550 HUNTINGTON LAKES CIR #104          NAPLES FL 34119-8984</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-3562212</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**PASSIDOMO, KATHLEEN C  
 2640 GOLDEN GATE PKWY  
 SUITE 315  
 NAPLES FL 34105**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLEEK, HARRY</b> <input checked="" type="checkbox"/> Delete <b>7777 GLADES ROAD #410</b> <b>BOCA RATON FL 33434</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOYOS, JEFFERY</b> <input type="checkbox"/> Delete <b>7777 GLADES ROAD #410</b> <b>BOCA RATON FL 33434</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEST, ALFRED</b> <input type="checkbox"/> Delete <b>7777 GLADES ROAD #410</b> <b>BOCA RATON FL 33434</b>
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MIRIAM DALEY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2585 MARSH CREEK LANE</b> <b>NAPLES FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:**  **4/5/2000** **941-353-5131**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C:\P2\037 (9/00)