2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # N9900001154 HUNTINGTON LAKES FOUR CONDOMINIUM ASSOCIATION, I 04-17-2001 90080 037 ****61.25 Principal Place of Business Mailing Address 6550 HUNTINGTON LAKES CIR #104 6550 HUNTINGTON LAKES CIR #104 NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address 6702 LONE DAK BLVD 6702 LONE OAK BUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3562212 NAPLES NAPLES Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34109 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PASSIDOMO, KATHLEEN.C. 2848 GOLDEN GATE PKWY SUITE 315 NAPLES EL 34105 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 🗹 Delete PU Change ☐ Addition TITLE TITLE JOSH EVANS SLEEK, HARRY NAME NAME 6340 HUNTINGTOM LAKES CIR 7777 GLADES ROAD #410 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** ☐ Change TITLE Delete TITLE ☐ Addition HOYOS, JEFFERY NAME NAME 7777 GLADES ROAD #410 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** TITLE TITLE ☐ Change ☐ 'Addition Delete WEST, ALFRED NAME NAME 700 Hunt ing ton hakes Circle STREET ADDRESS 7777 GLADES ROAD #410 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** ☐ Addition □ Defete TITLE RION DAIL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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: _

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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