

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

0049414

**DOCUMENT # N99000001154**

1. Entity Name

**HUNTINGTON LAKES FOUR CONDOMINIUM ASSOCIATION, I  
 NC.**

04-15-2002 90038 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6702 LONE OAK BLVD  
 NAPLES FL 34109

6702 LONE OAK BLVD  
 NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3562212**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FALK, STEVEN M  
 850 PARK SHORE DR  
 NAPLES FL 34103**

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

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	PD EVANS, JOSH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6340 HUNTINGTON LAKES CIR NAPLES FL 34119	
TITLE NAME	VPD VANCE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6710 HUNTINGTON LAKES CIR NAPLES FL 34119	
TITLE NAME	D GUNTHER, RON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6700 HUNTINGTON LAKES CIRCLE NAPLES FL 34119	
TITLE NAME	TD DAILEY, MARION	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2585 MARSH CREEK LANE NAPLES FL 34119	
TITLE NAME	D SULLIVAN, BOB	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6660 HUNTINGTON LAKES CIR NAPLES FL 34119	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	S/D LUBA HARTLINE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2595 MARSH CREEK LANE NAPLES, FL 34119	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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:

*Robert Sullivan*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/02** **941 596-1886**  
 Date Daytime Phone #

CR2E037 (9/01)