

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

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90005 033 \*\*\*\*61.25

<b>DOCUMENT # N99000001154</b> 1. Entity Name HUNTINGTON LAKES FOUR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10621 AIRPORT PULLING RD N SUITE NAPLES, FL 34109		Mailing Address 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34109	
2. Principal Place of Business - No P.O. Box # 2220 J and C Blvd		3. Mailing Address 2220 J and C Blvd	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State Naples, FL		City & State Naples, FL	
Zip 34109	Country USA	Zip 34109	Country USA
4. FEI Number 59-3562212		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOLEGUE, KENT 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name: C & L Management Services Street Address (P.O. Box Number is Not Acceptable): 2220 J and C 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> DATE: <u>3/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE</small>			
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: MIGLAORE, VOREPM STREET ADDRESS: 2660 CREEK LN 201 CITY-ST-ZIP: NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE: NAME: Migliore, Joseph STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: FAMRLEVOER, RICHARD STREET ADDRESS: 2655 CREEK LN 202 CITY-ST-ZIP: NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE: NAME: Fahrlander, Richard STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: RUGGERO, BARBARA STREET ADDRESS: 2665 CREEK LN 201 CITY-ST-ZIP: NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE: NAME: Ruggiero, Barbara STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: NEIL, JIM STREET ADDRESS: 6450 HUNTINGTON LAKES CIR 203 CITY-ST-ZIP: NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE: NAME: Heil, Jim STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DAHLSTROM, JOAN STREET ADDRESS: 2615 MARCH CREEK LN 202 CITY-ST-ZIP: NAPLES, FL 34119	<input type="checkbox"/> Delete	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"/> Delete	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 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 P. Titus</u>		Date: <u>3/23/07</u>	Daytime Phone #: <u>239-596-1886</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			