## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



SIGNATURE

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13564

(2)

HUNTINGTON LAKES SECTION FIVE ASSOCIATION, INC.

							l iii	
Principal Place of Business		Mailing Address	Mailing Address			S BURN BURN BIRNI BIRNI BURN BURN	11 (11)	
C/O ENCORE 1070 NW 1ST BOCA RATON		3700 GEORGIA AVE.	C/O SEACREST MANAGEMENT INC. 3700 GEORGIA AVE. WEST PALM BEACH FL 33405-2125		Date Incorporated or Qualifier	3a. Date of Last Report		
					02/21/1986	09/30/1996		
<del></del>	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied	For	
	Ashford Place	26			59-2639491	Not App	olicable	
Sulte, Apt		Suite, Apt. #, etc.	27		Certificate of Status Desired	\$8.75 Addition		
City & State  23 Delray Beach, Fl.		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May I		
Zip	Country	Zip	Country	<del></del>				
24 33446	25 Palm Beach				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \( \square\) No			
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New F			
(			81	Name				
MCCLOS	SKEY, WILLIAM		82 Street Address (P.O. Box Number is Not Acceptable)					
	ORGIA AVENUE							
	ST MGMT. INC.		83					
	ALM BEACH FL 33405		84	Chy		FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE								
12.	Signature, typed or printed name of registered a	ND DIRECTORS (NOT	£: Reg stered Ager	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE CONTROL OF CALCULA		
TITLE	PD	DELETE	1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFF		Addition	
NAME	GOLD, JACOB		1.2 NAME	1		Onlongs /	TOURION	
STREET ADDRESS	7270 ASHFORD PLACE #30	1	1.3 STREET	ADDRESS			)	
CITY+ST-ZIP	DELRAY BEACH FL 33446		1.4 CITY - ST- ZIP				Ì	
TITLE	VD	DELETE	2.1 TiTLE			☐ Change ☐ A	Addition	
NAME	TUCHFIELD, ABRAHAM		2.2 NAME				Ì	
STREET ADDRESS	7290 KINGHURST DR. #602		2.3 STREET ADDRESS				[	
CITY-ST-ZIP	DELRAY BEACH FL 33446		2. 4 CITY-ST-ZIP					
TITLE	V	DELETE	3.1 7(TLE	1		Change A	Addition	
NAME	GREENBERG, WALTER		3.2 NAME				1	
STREET ADDRESS	14500 STERLING WAY #103	ı	3.3 STREET A				1	
CITY-ST-ZIP TITLE	DELRAY BEACH FL 33446	DELETE	3.4 CITY-ST 4.1 TITLE	- ZIP		Change	(ddition	
NAME	ELKIN. CLAIRE	Fr. Dereit	4.2 NAME	}		L Change A	Addition	
STREET ADDRESS	7290 KINGHURST DR. #601		4.2 NAME 4.3 STREET A	IDDRESS		•	}	
CITY-ST-ZIP	DELRAY BEACH FL 33446		4.3 SINJET A	)			1	
TITLE	T	DELETE	5.1 TiTL€		<del></del>	☐ Change ☐ A	Addition	
NAME	SABSHON, NATHANIAL		5.2 NAME	}		<b>y</b>	1	
STREET ADDRESS	7290 KINGHURST DR. #601		5.3 STREET A	DDRESS			]	
CITY-ST-ZIP	DELRAY BEACH FL 33446		5.4 CITY - S1-	- ZIP			,	
TITLE	D	DELETE			D 1/1/1/man	Change A	odition	
NAME	RICCIARDI, MICHAEL	/ `	6.2 NAME	∃ <i>β</i>	ernard Hillman 350 Kinghurst Dr elmy Beach Fl 3	#101	-	
STREET ADDRESS	7350 KINGHURST DR. #305		6.3 STREET A	DDRESS .	330 Kingnuisi	371116	- 1	
ITY-ST-ZIP	DELRAY BEACH FL 33446		6.4 CHY-S1-	ZIP DE	einay Beach H	1 274 8		
Information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the complete an indicated in this annual report of supplemental annual report is true and accurate and that my signature shall have the complete an indicate the state of the st								
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 12 or Block 13 if changed, or on an attachment with an address.								