

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13564

1. Entity Name

HUNTINGTON LAKES SECTION FIVE ASSOCIATION, INC.

Principal Place of Business

7290 KINGHURST DR.
APT 410
DELRAY BCH FL 33446
US

Mailing Address

C/O SEACREST MANAGEMENT INC.
3700 GEORGIA AVE.
WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2639491

Applied For

Not Applicable

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

MCCLOSKEY, WILLIAM
3700 GEORGIA AVENUE
SEACREST MGMT. INC.
WEST PALM BEACH FL 33405

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
STREET ADDRESS
CITY-ST-ZIP
SD
MILLER, BERNICE
7350 KING HURST DR #302
DELRAY BEACH FL 33446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PB
TUCHFIELD, ABRAHAM
7290 KINGHURST DR. #602
DELRAY BEACH FL 33446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tuchfeld ABRAHAM ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GREENBERG, WALTER
14500 STERLING WAY #103
DELRAY BEACH FL 33446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DAVIS, CALVIN
7290 KINGHURST DR, #502
DELRAY BEACH FL 33446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHNITZER, ALEX
14500 STIRLING WAY #106
DELRAY BEACH FL 33446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HILLMAN, BERNARD
7350 KINGHURST DR, 101
DELRAY BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
RUTH KESSLER
7290 KINGHURST DR #404
DELRAY BEACH, FL 33446 ☐ Change ☒ 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: WALTER GREENBERG (WALTER GREENBERG) 2-19-01 561-495-5214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0049457

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90003 039 ****61.25

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