


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90052 010 ****61.25

DOCUMENT # N13564 1. Entity Name HUNTINGTON LAKES SECTION FIVE ASSOCIATION, INC.					
Principal Place of Business 7290 KINGHURST DR. APT 410 DELRAY BEACH, FL 33446 US				Mailing Address C/O PRIME MGMT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 70 CAMS Suite, Apt. #, etc. 314 NE 3rd street City & State Boynton Beach FL Zip 33435 Country U.S.A.			
Suite, Apt. #, etc.		02062007 Chg-NP CR2E037 (12/06)			
City & State		City & State		4. FEI Number 59-2639491	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRIVOK, JAMES N ESQ. DICKER, KRIVOK & STOLOFF P.A. 1818 AUSTRALIAN AVE., STE. 400 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 SD NAME MILLER, BERNICE STREET ADDRESS 7350 KING HURST DR #302 CITY-ST-ZIP DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Weinstein, Ruth STREET ADDRESS 7290 Kinghurst #104 CITY-ST-ZIP Delray Beach, FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME TUCHFELD, ABRAHAM STREET ADDRESS 7290 KINGHURST DR. #602 CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME GREENBERG, WALTER STREET ADDRESS 14500 STERLING WAY #103 CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME RUBENS, BILL STREET ADDRESS 7310 ASHFORD PLACE #402 CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RICCIARDI, MIKE STREET ADDRESS 7350 KINGHURST DR. #305 CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE D NAME Rosen, Solomon STREET ADDRESS 7310 ashford Place #102 CITY-ST-ZIP Delray Beach, FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME KESSLER, RUTH STREET ADDRESS 7290 KINGHURST DR. #404 CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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>WALTER GREENBERG</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-28-07 561 495-5214 Date Daytime Phone #		