



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90011 028 \*\*\*\*61.25

<b>DOCUMENT # N13564</b> 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 CAMS 314 NE 3RD STREET BOYNTON BEACH, FL 33435		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		400400411 	
City & State		City & State		01182008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2639491	
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		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008			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 NAME STREET ADDRESS CITY-ST-ZIP	SD WEINSTEIN, RUTH 7290 KING HURST #104 DELRAY BEACH, FL 33446	<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	PD TUCHFELD, ABRAHAM 7290 KINGHURST DR. #602 DELRAY BEACH, FL 33446	<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	TD GREENBERG, WALTER 14500 STERLING WAY #103 DELRAY BEACH, FL 33446	<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	D RUBENS, BILL 7310 ASHFORD PLACE #402 DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSEN, SOLOMON 7310 ASHFORD PLACE #102 DELRAY BEACH, FL 33446	<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	VP KESSLER, RUTH 7290 KINGHURST DR. #404 DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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> <b>WALTER GREENBERG</b> 3-8-08 561-495-5214 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					