## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N17746

FILED Apr 01, 2009 Secretary of State

Entity Name: HUNTINGTON LAKES SECTION FOUR ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ERLY LANE BEACH, FL 33	3446 US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
CIO PRIM	K OF COMME E MGMT. TON, FL 3348				
FEI Number	: 59-2743464	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
BECKER 6 625 N FLA WEST PA	BARDEN, PET & POLIAKOFF, GLER DRIVE, LM BEACH, FI	, PA 7TH FLOOR L 33401 US			
	e named entity : e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered A	gent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	RATINETZ, ER	Y LANE, APT 203	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ZLOTNICK, JA' 7321 AMBERL' DELRAY BEAC	Y LANE #106	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address:	T ( BERNARD, CR 7300 AMBERL DELRAY BEAC	Y LANE #303	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BERNARD, CR 7300 AMBERL DELRAY BEAC	YSTAL Y LANE #303 CH, FL 33446 ) Delete /IN Y LANE, #404	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address:	BERNARD, CR 7300 AMBERL DELRAY BEAC SD ( HOFFMAN, IRV 7281 AMBERL DELRAY BEAC	YSTAL Y LANE #303 CH, FL 33446  ) Delete //IN Y LANE, #404 CH, FL  ) Delete AROLD Y LANE #104	Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNA RATINETZ PRES 04/01/2009