2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13564

FILED Mar 30, 2009 Secretary of State

Entity Name: HUNTINGTON LAKES SECTION FIVE ASSOCIATION, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
APT 410	GHURST DR. BEACH, FL 33446 US			
Current Mailing Address:		New Maili	New Mailing Address:	
C/O CAM: 314 NE 3F	_			
FEI Number	r: 59-2639491 FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
DICKER, 1 1818 AUS WEST PA	JAMES N ESQ. KRIVOK & STOLOFF P.A. STRALIAN AVE., STE. 400 ALM BEACH, FL 33409 US e named entity submits this statement for the pur	pose of changing	its registered office or registered agent, or both.	
	e of Florida.	,	,,	
SIGNATU			Patr	
	Electronic Signature of Registered Agent		Date	
OFFICER	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SD () Delete WEINSTEIN, RUTH 7290 KING HURST #104 DELRAY BEACH, FL 33446	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MEADOWS STEVE 7310 ASHFORD PLACE #108 DELRAY BEACH, FL 33446	
Title: Name: Address: City-St-Zip:	PD () Delete TUCHFELD, ABRAHAM 7290 KINGHURST DR. #602 DELRAY BEACH, FL 33446	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition TUCHFELD, ABRAHAM 7290 KINGHURST DR. #410 DELRAY BEACH, FL 33446	
Title: Name:	TD () Delete GREENBERG, WALTER 14500 STERLING WAY #103	Title: Name: Address:	() Change () Addition	
Address: City-St-Zip:	DELRAY BEACH, FL 33446	City-St-Zip:		
	DELRAY BEACH, FL 33446 D () Delete RICCIADI, MICHAEL 7350 KINGHURST DR #305 DELRAY BEACH, FL 33446	City-St-Zip: Title: Name: Address: City-St-Zip:	D (X) Change () Addition RICCIARDI, MICHAEL 7350 KINGHURST DR #305 DELRAY BEACH, FL 33446	
City-St-Zip: Title: Name: Address:	D () Delete RICCIADI, MICHAEL 7350 KINGHURST DR #305	Title: Name: Address:	RICCIARDI, MICHAEL 7350 KINGHURST DR #305	

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: SHERI MCKENZIE BKPR 03/30/2009