

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13564

Entity Name: HUNTINGTON LAKES SECTION FIVE ASSOCIATION, INC.**Current Principal Place of Business:**

C/O C.A.MS.
1037 STATE ROAD7 SUITE 302
WELLINGTON, FL 33414

Current Mailing Address:

C/O CAMS
1037 STATE ROAD7 SUITE 302
WELLINGTON, FL 33414

FEI Number: 59-2639491**Certificate of Status Desired: No****Name and Address of Current Registered Agent:**

GERSTIN & ASSOCIATES
40 S.E. 5TH STREET
SUITE 610
BOCA RATON, FL 33432 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name ROSEN, SOLOMON
Address 7310 ASHFORD PLACE #102
City-State-Zip: DELRAY BEACH FL 33446

Title VP
Name FLINTZER, DON
Address 7290 KINGHURST DR #501
City-State-Zip: DELRAY BEACH FL 33446

Title TREASURER
Name MASS, SIMON
Address 7260 KINGHURST DR #402
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name SHAPIRO, ROBERT
Address 7260 KINGHURST DRIVE
#606
City-State-Zip: DELRAY BEACH FL 33446

Title P
Name ROTHMAN, LEON
Address 14500 STERLING WAY #403
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name LAUFER, CHARLES
Address 7310 ASHFORD PL #805
City-State-Zip: DELRAY BEACH FL 33446

Title 2ND VP
Name KOGAN, SHELDON
Address 7350 KINGHURST DR
#103
City-State-Zip: DELRAY BEACH FL 33446

I hereby 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 all other like empowered.

SIGNATURE: SIMON MASS**TREASURER****03/31/2016**

Electronic Signature of Signing Officer/Director Detail

Date