

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24638

**Entity Name:** HUNTINGTON TOWERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7370 S ORIOLE BLVD  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

7370 S ORIOLE BLVD  
DELRAY BEACH, FL 33446

**FEI Number:** 65-0028126

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPLAN, LOUIS ESQ.  
6111 BROKEN SOUND PKWY NW  
200  
BOCA RATON, FL 33487 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            PRESIDENT  
Name            ARBIT, STEVE  
Address        7370 S ORIOLE BLVD  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIRECTOR  
Name            JENKINS, ARTHUR B  
Address        7370 S ORIOLE BLVD  
City-State-Zip: DELRAY BEACH FL 33446

Title            TREASURER, VP  
Name            CARRICO, DONALD  
Address        7370 S ORIOLE BLVD  
City-State-Zip: DELRAY BEACH FL 33446

Title            VP  
Name            KRANSON, STUART  
Address        7370 S ORIOLE BLVD  
City-State-Zip: DELRAY BEACH FL 33446

Title            SECRETARY  
Name            FRIEDMAN, BILL  
Address        7370 S ORIOLE BLVD  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIRECTOR  
Name            BOB, RACE  
Address        7370 S ORIOLE BLVD  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIRECTOR  
Name            NORMAN, SMITH  
Address        7370 S. ORIOLE BLVD  
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:** STEVE ARBIT

**PRESIDENT**

**01/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date