

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005282

**Entity Name:** HUNTINGTON LAKES RESIDENTS' ASSOCIATION, INC.**Current Principal Place of Business:**2675 S. HORSESHOE DR. #401  
NAPLES, FL 34104**Current Mailing Address:**PO BOX 110339  
NAPLES, FL 34108 US**FEI Number:** 65-0624741**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUNBURST MANAGEMENT CORP  
2675 S. HORSESHOE DR. #401  
NAPLES, FL 34104 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	VP
Name	MURPHY, MICHAEL
Address	6805 HUNTINGTON LAKES CIR #201
City-State-Zip:	NAPLES FL 34119

Title	DS
Name	CEPARANO, SAL
Address	2456 MILLCREEK LANE #204
City-State-Zip:	NAPLES FL 34119

Title	DIRECTOR
Name	IACOVIELLO, NICK
Address	6280 HUNTINGTON LAKES CIRCLE #204
City-State-Zip:	NAPLES FL 34119

Title	DP
Name	SEAMAN, ROBERT
Address	2520 ASPENCREEK LANE #101
City-State-Zip:	NAPLES FL 34119

  

Title	DIRECTOR
Name	PATTILIO, RONALD
Address	6416 HUNTINGTON LAKES CIR. #202
City-State-Zip:	NAPLES FL 34119

  

Title	DT
Name	DAVIS, MIKE
Address	6660 HUNTINGTON LAKES CIR. #101
City-State-Zip:	NAPLES FL 34119

*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: ROBERT SEAMAN****PRESIDENT****04/28/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date