

**2020 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 DP  
Name KAHRER, MICHAEL  
Address 2675 S. HORSESHOE DR. #401  
City-State-Zip: NAPLES FL 34104

Title DST  
Name SARACENO, KATHY  
Address 2675 S. HORSESHOE DR. #401  
City-State-Zip: NAPLES FL 34104

Title D-VP  
Name PRICE, TED  
Address 2675 S. HORSESHOE DR. #401  
City-State-Zip: NAPLES FL 34104

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

Title DIRECTOR  
Name SAMARTINE, VINCENZA  
Address 2675 S. HORSESHOE DR. #401  
City-State-Zip: NAPLES FL 34104

*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: MICHAEL KAHRER**

**PRESIDENT**

**05/29/2020**

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

\_\_\_\_\_  
Date