

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