

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001154

**FILED
Apr 18, 2019
Secretary of State
7114112565CC**

Entity Name: HUNTINGTON LAKES FOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109

FEI Number: 59-3562212

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 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 P
Name BLOOM, LUCILLE
Address 2665 CREEK LANE, #102
City-State-Zip: NAPLES FL 34119

Title S
Name FAHRENDER, GLORIA
Address 2655 CREEK LANE, #202
City-State-Zip: NAPLES FL 34119

Title VP
Name WIERZEWSKI, RON
Address 6680 HUNTINGTON LAKES CIRCLE
UNIT# 102
City-State-Zip: NAPLES FL 34119

Title TREASURER
Name CLIFFORD, CHARLES
Address C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

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: LUCILLE BLOOM

PRESIDENT

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date