

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001154

Entity Name: HUNTINGTON LAKES FOUR CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 25, 2024
Secretary of State
8638346774CC

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 VP
Name NARDELLA, RITA
Address C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

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

Title S
Name FUNK, ROBERT
Address 6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title PRESIDENT
Name PRICE, THEODORE
Address C/O ABILITY MANAGEMENT, INC
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: THEODORE PRICE

PRESIDENT

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date