## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 25, 2008 8:00 am

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DOCUMENT # N01883  1. Entity Name HUNTINGTON LAKES SECTION THREE ASSOCIATION, INC.					Secretary of State 04-25-2008 90128 043 ****61.25				
Principal Place 314 NE 3RD BOYNTON BE		Mailing Address 314 NE 3RD STREET BOYNTON BEACH, FL 33	3435 US	,		ur et <b>ud</b> a a <b>rār</b> a a <b>dirs</b> a.	ın Alba Gram Bira sı	211 9/20 9/9/1	1151 El (FB)
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	<u></u>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01182008	Chg-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Number 59-2463597				plied For Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		3.75 Addi e Required	
	6. Name and Address of Current R	egistered Agent			7. Name and Ad	dress of New	Registered Age	ent	
ROSEN, SYLVIA SEC			Name						
	TINGTON LANE		Street	ddress (f	S. Bor Number is	Not Acceptab	Y Cell		
DELRAY B	EACH, FL 33446		30	<u>stic</u>	<u>- 730</u>			Zim Code	
			CIMP	$\gamma \gamma \gamma$	i Kritr	. K	FL	7	SU22
	named entity submits this statement for ions of registered agent	the purpose of changing its re	egistered office or	register	ed agent, or both, i	in the State of F	lorida. I am fam	niliar with,	and accept
SIGNATURE .	M	K5746	BAULE	5A,	At Paci	4.	21.08		
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signatu	ure required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	0	\$5.00 May Be Added to Fees	Flo	Make check porida Departm	ent of St	ate
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	0	\$5.00 May Be	Flo	orida Departm	ent of St	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all their like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 561-498-2838