

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90128 041 \*\*\*\*70.00

**DOCUMENT # N22441**

1. Entity Name\*

HUNTINGTON AT THE POLO CLUB HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

C/O LANG MANAGEMENT  
21045 COMMERCE TRAIL  
BOCA RATON FL 33486

Mailing Address

C/O LANG MANAGEMENT  
21045 COMMERCE TRAIL  
BOCA RATON FL 33486



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0040888

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM K. ISAACSON,  
C/O LANG MANAGEMENT  
21045 COMMERCE TRAIL  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLD, ANNE	
STREET ADDRESS	17152 HUNTINGTON PARK WAY	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ABRAMSON, MICHAEL	
STREET ADDRESS	17184 HUNTINGTON PARK WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSENTHAL, ALLAN	
STREET ADDRESS	17096 HUNTINGTON PARK WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HIRSCH, HOWARD	
STREET ADDRESS	17192 HUNTINGTON PARK WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAGAN, CLAIRE	
STREET ADDRESS	5666 HUNTINGTON PKWY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	FABRICANT, ED	<input type="checkbox"/> Delete
NAME	5658 HUNTINGTON PARK CT	
STREET ADDRESS	BOCA RATON, FL	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or the receiver or trustee empowered to 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 other like empowered.

SIGNATURE:

*Allan Rosenthal* 3/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #