SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $365)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 16 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32723 (1)

1. Corporation Name
HUNTINGTON POINTE II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1051 S. Rogers Circle ~~651 BROKEN SOUND PKY.~~ ~~SUITE 230~~ BOCA RATON FL 33487	1051 So Rogers Circle ~~651 BROKEN SOUND PKY.~~ ~~SUITE 230~~ BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0158672 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1051 S. ROGERS CIR	26 1051 S. ROGERS CIR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip 24 ~~33~~ 33487 Country 25	Zip 29 33487 Country 30

9. Name and Address of Current Registered Agent

DANIELS, STEVEN L
301 YAMATO RD., #4150
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	LIEBERMAN,MILTON	12 NAME		
STREET ADDRESS	6149 POINTE REGAL CIRCLE #406	13 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484	14 CITY-ST-ZIP		
TITLE	P/D	21 TITLE	VICE PRES.	☑ Change ☐ Addition
NAME	SAPPERSTEIN,RAPLH	22 NAME		
STREET ADDRESS	6065 POINTE REGAL CIRCLE #105	23 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33484	24 CITY-ST-ZIP		
TITLE	V/D	31 TITLE	PRESIDENT/DIRECTOR	☑ Change ☐ Addition
NAME	REISMAN,HERBERT	32 NAME		
STREET ADDRESS	6093 POINTE REGAL CIRCLE #302	33 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33484	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	VICE PRES.	☑ Change ☐ Addition
NAME	BROOKS,LEON	42 NAME		
STREET ADDRESS	6121 POINTE REGAL CIRCLE #310	43 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33484	44 CITY-ST-ZIP		
TITLE	S/D	51 TITLE		☐ Change ☐ Addition
NAME	GROVER,EVA	52 NAME		
STREET ADDRESS	6037 POINTE REGAL CIRCLE #201	53 STREET ADDRESS	7/11	
CITY-ST-ZIP	DELRAY BCH FL 33484	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☑ Change ☐ Addition
NAME	LATMAN, DAVID	62 NAME		
STREET ADDRESS	6193 POINTE REGAL CR 306	63 STREET ADDRESS	NO LONGER DIRECTOR	
CITY-ST-ZIP	DELRAY BEACH FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Milton Lieberman MILTON LIEBERMAN 6/8/95 407-496-0770
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0000745