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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N32723 (1)

1. Corporation Name

HUNTINGTON POINTE II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PRIME MGMT 6300 PARK OF COMEMRCE BOCA RAOTN FL 33487 US	C/O PRIME MGMT 6300 PARK OF COMMERCE BOCA RATON FL 33487 US

3. Date Incorporated or Qualified: 06/07/1989

4. FEI Number: 65-0158672 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DANIELS, STEVEN L SPENCER SAX
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	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	LIEBERMAN,MILTON		1.2 NAME	REISMAN, HERBERT	
STREET ADDRESS	6149 POINTE REGAL CIRCLE #406		1.3 STREET ADDRESS	6093 POINTE REGAL CRCL # 302	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
TITLE	V	☐ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	SAPPERSTEIN,RAPLH		2.2 NAME	SONDIK, HAROLD	
STREET ADDRESS	6065 POINTE REGAL CIRCLE #105		2.3 STREET ADDRESS	6269 POINTE REGAL CRCL # 408	
CITY-ST-ZIP	DELRAY BCH FL		2.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
TITLE	PD	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	REISMAN,HERBERT		3.2 NAME	SAPPERSTEIN, RALPH	
STREET ADDRESS	6093 POINTE REGAL CIRCLE #302		3.3 STREET ADDRESS	6065 POINTE REGAL CIRCL #105	
CITY-ST-ZIP	DELRAY BCH FL		3.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
TITLE	V	☒ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	BROOKS,LEON		4.2 NAME	LIEBERMAN, MILTON	
STREET ADDRESS	6121 POINTE REGAL CIRCLE #310		4.3 STREET ADDRESS	6149 POINTE REGAL CRCL #406	
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
TITLE	VP	☒ DELETE	5.1 TITLE	SO	☐ Change ☒ Addition
NAME	YOUNG, MURRAY		5.2 NAME	BROWNSTEIN, BENJAMIN	
STREET ADDRESS	6093 PTE REGAL CIR #307		5.3 STREET ADDRESS	6121 POINTE REGAL CRCL # 301	
CITY-ST-ZIP	DELRAY BCH FL		5.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: SIGNATURE REQUIRED 2/19/97 561-996-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #