2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State
03-25-2004 90035 037 ****61.25

DOCUMENT # N32723

1. Entity 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

03032004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRIME MNGT, GROUP 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487	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

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LIEBERMAN,MILTON 6149 POINTE REGAL CIRCLE #406 DELRAY BEACH, FL 33484	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS; BERNARD FURMAN 6041 POINTE REGAL CIRCLE DELRAY BEACH, FL 33484	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD REISMAN, HERBERT 6093 POINTE REGAL CIR., #302 DELRAY BEACH, FL 33484	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P HERBERT A AUSMAN 6093 POINTE REGAL CIR. DELRAY BEACH, FL 33484	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SONDIK, HAROLD 6269 PT REGAL CIR 408 DELRAY BCH, FL 33484	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECY RAYMOND WEISER 6037 POINTE REGAL CIRCLE DELRAY BEACH, FL 33484	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OTTENBERG, LLOYD 6149 PT REGAL CIRCLE #308 DELRAY BCH, FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES; SYLVIA SILBERFELD 6037 POINTE REGAL CIRCLE DELRAY BEACH, FL 33484	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: MILTON LIEBERMAN Milton Lieberman 3/17/04 561-496-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #