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Secretary of State
05-02-2005 90494 004 ****61.25

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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N32723

1. Entity Name
HUNTINGTON POINTE II ASSOCIATION, INC.

66021136

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

02252005 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 BERNARD FURMAN Street Address (P.O. Box Number is Not Acceptable) 6129 POINTE REGAL CI City DELRAY BEACH FL Zip Code 33484

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 _____ 4/8/05
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, 2005

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	T FURMAN, BERNARD 6129 POINTE REGAL CIRCLE DELRAY BEACH, FL 33484	☐ Delete	TITLE VPD NAME HARRY SONDIK STREET ADDRESS 6269 POINTE REGAL CIRCLE CITY-ST-ZIP DELRAY BEACH FL 33484	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HAUSMAN, HERBERT 6039 POINTE REGAL CIR DELRAY BEACH, FL 33484	☐ Delete	TITLE D NAME ALVIN KAUFMAN STREET ADDRESS 6065 POINTE REGAL CI CITY-ST-ZIP DELRAY BEACH FL 33484	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WEISER, RAYMOND 6037 POINTE REGAL CIR DELRAY BCH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SILBERFELD, SYLVIA 6037 POINTE REGAL CIRCLE DELRAY BCH, FL 33484	☐ 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
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: _____ BERNARD FURMAN TRUST 4/7/05 561 637 5989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #