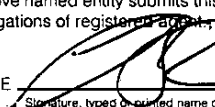
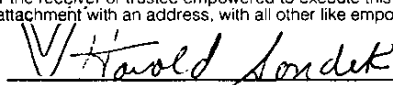


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90025 048 ****61.25

DOCUMENT # N32723 1. Entity Name HUNTINGTON POINTE II ASSOCIATION, INC.					
Principal Place of Business C/O PRIME MGMT 6300 PARK OF COMMERCE BOCA RATON, FL 33487 US				Mailing Address C/O PRIME MGMT 6300 PARK OF COMMERCE BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03252008 Chg-NP CR2E037 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0158672	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FURMAN, BERNARD 6121 POINTE REGAL CT DELRAY BEACH, FL 33484			7. Name and Address of New Registered Agent Name Sachs + Sax / Attorney Lou Caplan Street Address (P.O. Box Number is Not Acceptable) 301 Yamato Road Suite 4150 City Boca Raton FL Zip Code 33431		
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  Lou Sachs + Sax DATE 4/1/08 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
Filing Fee is \$61.25 Due by May 1, 2008		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 614 POINTE REGAL CIRCLE DELRAY BEACH, FL 33484	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Syd Kalichman 6269 Pointe Regal Cir # 208 DELRAY BEACH, FL 33484	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SONDIK, HAROLD 6269 POINTE REGAL CIRCLE DELRAY BEACH, FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sondik, Harold	☒ 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	Treasurer Ralph Sapperstein 6065 Pointe Regal Circle # 105 DELRAY BEACH, FL 33484	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILBERFOLD, SYLVIA 6037 POINTE REGAL CIRCLE DELRAY BCH, FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Silberfeld, Sylvia	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, ALVIN 6065 POINTE REGAL CIRCLE DELRAY BEACH, FL 33484	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lloyd Ottenberg 6149 Pointe Regal Cir # 308 DELRAY BEACH, FL 33484	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  HAROLD SONDIK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/29/08 561 496-3801 Date Daytime Phone #		