

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32723

FILED  
Mar 18, 2010  
Secretary of State

Entity Name: HUNTINGTON POINTE II ASSOCIATION, INC.

## Current Principal Place of Business:

C/O PRIME MGMT  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 US

## New Principal Place of Business:

6251 N. ORIOLE BLVD.  
DELRAY BEACH, FL 33484 US

## Current Mailing Address:

C/O PRIME MGMT  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 US

## New Mailing Address:

6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

FEI Number: 65-0158672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SACHS SAX CAPLAN  
301 YAMATO RD.  
SUITE # 4150  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

ASSOCIATED CORPORATE SERVICES, LLC.  
6111 BROKEN SOUND PARKWAY NW  
SUITE # 200  
BOCA RATON, FL 33487 US

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.

SIGNATURE: ELLEN RUBIN, LCAM

03/18/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: SONDIK, HAROLD  
Address: 6269 POINTE REGAL CIRCLE # 408  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: VP  
Name: KALICHMAN, SYD  
Address: 6269 POINTE REGAL CIRCLE # 308  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: S  
Name: SILBERFELD, SYLVIA  
Address: 6037 POINTE REGAL CIRCLE #205  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: D  
Name: GROSSMAN, SID  
Address: 6269 POINTE REGAL CIRCLE # 302  
City-St-Zip: DELRAY BCH, FL 33484 US

Title: D  
Name: LOESER, SUSAN H  
Address: 6121 POINTE REGAL CIRCLE # 107  
City-St-Zip: DELRAY BEACH, FL 33484 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELLEN RUBIN

LCAM

03/18/2010

Electronic Signature of Signing Officer or Director

Date