

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90470 019 \*\*\*\*61.25

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02022006 Chg-NP CR2E037 (11/05)

4. FEI Number **65-0624745** Applied For  
Not Applicable

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

**DOCUMENT # N95000005258**

1. Entity Name  
**HUNTINGTON LAKES ONE CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**10621 AIRPORT PULLING RD N  
SUITE 8  
NAPLES, FL 34109 US**

Mailing Address  
**10621 AIRPORT PULLING RD N  
SUITE 8  
NAPLES, FL 34109 US**

**P & M Property Management**  
**15660 San Carlos Blvd. #40**  
**Ft. Myers, FL 33908**

Zip Country Zip Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LUPO, ASHLEY D</b> <b>850 PARKSHORE DR</b> <b>3RD FLOOR</b> <b>NAPLES, FL 34103</b>		Name <b>Paul Sepp</b> Street Ad <b>970</b> <b>P &amp; M Property Management</b> City <b>15660 San Carlos Blvd. #40</b> Code <b>Ft. Myers, FL 33908</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.

SIGNATURE **Paul Sepp** DATE **4/26/06**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	<b>DP</b> <b>DISBROW, MYRON</b> <b>2424 MILLCREEK LANE #101</b> <b>NAPLES, FL 34119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres</b> <b>Steve Hathaway</b> <b>15660 San Carlos Blvd. #40</b> <b>Ft. Myers FL 33908</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>SCLAMA, PAT</b> <b>6496 HUNTINGTON LAKES CIRCLE #103</b> <b>NAPLES, FL 34119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas</b> <b>Ken Green</b> <b>15660 San Carlos Blvd. #40</b> <b>Ft. Myers, FL 33908</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>TAYLOR, ROBERT</b> <b>2408 MILLCREEK LANE #104</b> <b>NAPLES, FL 34119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec</b> <b>Patricia Varnalmer</b> <b>15660 San Carlos Blvd #40</b> <b>Ft. Myers, FL 33908</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>MIGLIORE, JOE</b> <b>2408 MILLCREEK LANE #202</b> <b>NAPLES, FL 34119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Shorlean Fenderson</b> <b>15660 San Carlos Blvd #40</b> <b>Ft Myers, FL 33908</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASM</b> <b>Glynis Lowman</b> <b>15660 San Carlos Blvd. #40</b> <b>Fort Myers, FL 33908</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Glynis Lowman** **4/26/06** **239-481-1577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #