2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N95000005258

1. Entity Name
HUNTINGTON LAKES ONE CONDOMINIUM



FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90040 019 ****61.25

ASSOCIATION, INC.					
Address Mailing Address C/O ABILITY MANAGEMENT, INC C/O ABILITY MANAGEMENT, INC PO BOX 770278 IAPLES, FL 34108 US NAPLES, FL 34107 US				I ANNA MARI BIRKI SINING AT KETI.	
Principal Place of Business - No P.O. Box # 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			03192008 Chg-NP CR2E	:037 (12/06)	
City & State City & State			4. FEI Number 65-0624745	Applied For Not Applicable	
Zip Country	Zip	Country		\$8,75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Nam					
LIVELY, DENNIS F C/O ABILITY MANAGEMENT, INC		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
6312 TRAIL BLVD NAPLES, FL 34108					
		City	F	- 1	
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, 2008 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State					
10. OFFICERS AND Di	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 10	
TITLE PD 2.5 · · · ·	Delete	TITLE P		☐ Change	
NAME HATHAWAY, STEVE			OH SCHWEISTHAL. 140 HILLEREEK LANE #102		
			APLES, FL 34119	_	
D) ID			7F-23, FE 3 1117	☐ Change ☐ Addition	
	DVP SCLAMA, PAT		RISH VANALMKERK	- · ·	
· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS 6	180 HUNEING LON LAKES CL.	# ₂ 04	
CITY-ST-ZIP NAPLES, FL 34119 CIT		CITY-ST-ZIP NA	APKES, FL 34119		
титье:	☐ Delete	TITLE S De	peis-Richenberg-	☐ Change	
1		NAME STREET ADDRESS	512 HUNZINGTON LAKES CI	e # 101	
			PAPLES, FL 34119	•	
	r d nous	TITLE V	1,5 -7 -3 ,7 ,7	☐ Change ☐ ddition	
NAME FENDERSON, SHAREAN	Delete	NAME L	ou shith.	☐ Change ☐ Addition	
STREET ADDRESS 6320 HUNTINGTON LAKES CIR	CLE, #204	STREET ADDRESS 6	OU SHIEL 148 HUNDINGTON LAKES CR	<i>#2</i> 03	
CITY-ST-ZIP NAPLES, FL 34119		CITY-ST-ZIP UF	APLES, FL 34119		
TITLE	☐ Delete	TITLE		Change Addition	
NAME		NAME			
STREET ADDRESS CITY-ST-ZIP	•	STREET ADDRESS CITY-ST-ZIP		•	
TITLE	Delete	TITLE		Change Addition	
NAME FOR A STATE OF	The second secon	. NAME ,		Change C Accuracy	
STREET ADDRESS	•	STREET ADDRESS		* ***	
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with	this filing does not qualify to	the exemptions contains	ined in Chapter 119, Florida Statutes. I further of	ertify 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.					