2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N95000005282

Entity Name: HUNTINGTON LAKES RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

265 AIRPORT RD S
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

265 AIRPORT RD S
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0624741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R&P PROPERTY MANAGMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ECKSTEIN, DONALD
Address: 6580 HUNTINGTON LAKES CIRCLE #201
City-St-Zip: NAPLES, FL 34119 80

Title: VD ( ) Delete
Name: JOHNSON, FLETCHER
Address: 6260 HUNTINGTON LAKES CIRCLE #203
City-St-Zip: NAPLES, FL 34119

Title: STD ( ) Delete
Name: MIGLIORE, JOSEPH
Address: 2660 CREEK LANE #201
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: SMITH, LEWIS
Address: 905 WEST 19TH STREET
City-St-Zip: HAZLETON, PA 18202

Title: D ( ) Delete
Name: BIANCO, DON
Address: 6416 HUNTINGTON LAKES CIRCLE #102
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: MORGAN, DAVE
Address: 6745 HUNTINGTON LAKES CIRCLE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD ECKSTEIN PD 04/08/2009

Electronic Signature of Signing Officer or Director — Date