

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000381

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** HUNTINGTON LAKES TWO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 65-0746144

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIVELY, DENNIS F  
C/O ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109 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:** DENNIS F LIVELY

04/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MOSER, LONA  
**Address:** 6550 HUNTINGTON LAKES CIRCLE, #203  
**City-St-Zip:** NAPLES, FL 34119

**Title:** T/S  
**Name:** SOWA, BARBARA  
**Address:** 2421 MILL CREEK LANE, #204  
**City-St-Zip:** NAPLES, FL 34119

**Title:** VP  
**Name:** MARINO, JR., JOHN  
**Address:** 2540 ASPEN CREEK LANE, #201  
**City-St-Zip:** NAPLES, FL 34119

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:** DENNIS F LIVELY

RA

04/04/2012

Electronic Signature of Signing Officer or Director

Date