2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006753

1. Entity Name

HUNTINGTON LAKES THREE CONDOMINIUM ASSOCIATION,

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90085 013 ****61.25

Principal Place of Business	Mailing Address
7777 GLADES ROAD #410 BOCA RATON FL 33434	7777 GLADES ROAD #410 BOCA RATON FL 33434-4193

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0815601 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C
2640 GOLDEN GATE PARKWAY
SUITE #315
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name Kent Kolegue
Street Address (P.O. Box Number is Not Acceptable)
c/o American Property Management
1724A Santa Barbara Blvd.
Naples, FL 34116
City **FL** Zip Code

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.

SIGNATURE Kent Kolegue 4-28-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLEEK, HARRY 7777 GLADES ROAD #410 BOCA RATON FL 33434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D DON DOWNS 6270 Huntington Lakes Cir Naples, FL 34119 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEST, ALFRED 7777 GLADES ROAD #410 BOCA RATON FL 33434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S BARBARA Berman 6280 Huntington Lakes Cir Naples, FL 34119 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUDLEY, OWEN 2535 ASPENCREEK LANE #202 NAPLES FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 4-28-00 941 353-5731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #