2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90225 018 ****61.25

DOCUMENT # N97000006753

1. Entity Name

HUNTINGTON LAKES THREE CONDOMINIUM ASSOCIATION,

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6702 LONE OAK BLVD	6702 LONE OAK BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34109 Country:	Zip: 34109 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	7. Name and Address of New Registered Agent
KOLEGUE, KENT C/O AMERICAN PROPERTY MANAGEMENT 1724-A SANTA BARBARA BLVD NAPLES FL 34116	Name Street Address (P.O. Box Number is Not Acceptable): 6702 LONE OAK BLVD City: NAPLES **FL** Zip Code: 34109

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 _____
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	PD DOWNS, DON 6270 HUNTINGTON LAKES CIRCLE NAPLES FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BERMAN, BARBARA 6280 HUNTINGTON LAKES CIRCLE NAPLES FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☐ 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 (10/00)

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 4/20/01 941-593-3736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #