

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005325

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

**FILED**  
**Apr 26, 2021**  
**Secretary of State**  
**8889208320CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 65-1043220**

**Certificate of Status Desired: No**

**Name and Address of Current 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**

**04/26/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DESPRES, GERMAIN  
Address 6635 HUNTINGTON LAKES CIR 204  
City-State-Zip: NAPLES FL 34119

Title VP  
Name GRATTAN, TRACEY  
Address 6445 HUNTINGTON LAKES CIRCLE  
#101  
City-State-Zip: NAPLES FL 34119

Title S  
Name MEULMAN, PAUL  
Address 6645 HUNTING LAKES CIRCLE  
UNIT# 203  
City-State-Zip: NAPLES FL 34119

Title TREASURER  
Name SWINDERMAN, KALEY  
Address C/O ABILITY MANAGEMENT  
6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

*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: GERMAIN DESPRES**

**PRESIDENT**

**04/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date