

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32723

**Entity Name:** HUNTINGTON POINTE II ASSOCIATION, INC.

**Current Principal Place of Business:**

6251 N. ORIOLE BLVD.  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

C/O FIRST SERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 US

**FEI Number:** 65-0158672

**Certificate of Status Desired:** No

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

ASSOCIATED CORPORATE SERVICES, LLC.  
6111 BROKEN SOUND PARKWAY NW  
SUITE # 200  
BOCA RATON, FL 33487 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOESER, SUE  
Address        6121 POINTE REGAL CIR #107  
City-State-Zip: DELRAY BEACH FL 33484

Title            SECRETARY  
Name            FUENTES, AUDREY  
Address        6121 POINTE REGAL CIRCLE #308  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            YARMUS, JAMES  
Address        6065 POINTE REGAL CIRCLE # 205  
City-State-Zip: DELRAY BCH FL 33484

Title            TREASURER  
Name            SUSSMAN, JAY  
Address        6065 POINTE REGAL CIRCLE # 303  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            LOURIE, PEARL  
Address        6241 POINTE REGAL CIRCLE # 302  
City-State-Zip: DELRAY BEACH FL 33484

*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:** SUE LOESER

**PRESIDENT**

**03/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date