

2023 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:**6251 N. ORIOLE BLVD.
DELRAY BEACH, FL 33484 US**FEI Number:** 65-0158672**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WASSERSTEIN, P.A.
301 YAMATO ROAD SUITE 2199
BOCA RATON, FL 33431 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	TREASURER
Name	LOESER, SUSAN
Address	6121 POINTE REGAL CR BLDG. 124 # 107
City-State-Zip:	DELRAY BEACH FL 33484

Title	SECRETARY
Name	KRAKOWER, MARVIN
Address	6093 POINTE REGAL CR BLDG. 117 # 410
City-State-Zip:	DELRAY BEACH FL 33484

Title	VP
Name	DONOVAN, MARK
Address	6251 N. ORIOLE BLVD.
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	MARVY , BOB
Address	6251 N. ORIOLE BLVD.
City-State-Zip:	DELRAY BEACH FL 33484

Title	PRESIDENT
Name	GOODMAN, WAYNE
Address	6093 POINTE REGAL CIR BLDG. 117 # 101
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: WAYNE GOODMAN**PRESIDENT****04/04/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date