

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 11 0:35

DOCUMENT # 755511 (3)

1. Corporation Name
WESTGATE AT HUNTERS RUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
3700 CLUBHOUSE LANE BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/15/1980** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-2076260** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent
**DUFRESNE, DONALD
231 ROYAL PALM WAY
249 ROYAL PALM WAY, SUITE 400
PALM BCH. FL 33480**

10. Name and Address of New Registered Agent
81 Name **Dufresne, Donald**
82 Street Address (P.O. Box Number is Not Acceptable) **Dufresne & Witkowski P.**
83 **231 Royal Palm Way**
84 City **Palm Beach, Fl** 85 Zip Code **FL 33480**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BECKER, HOWARD 3700 CLUBHOUSE LANE BOYNTON BCH FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	V D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS EPSTEIN, MYRON 3700 CLUBHOUSE LANE BOYNTON BCH FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGLASS, ISIDORE 3700 CLUBHOUSE LANE BOYNTON BEACH FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERSON, ALVIN 3700 CLUBHOUSE LANE BOYNTON BEACH FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	P D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HALPERN, ARNOLD 3700 CLUBHOUSE LANE BOYNTON BCH. FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alvin P. Anderson **ALVIN P. ANDERSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #