

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90008 034 \*\*\*\*61.25

0044236

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 755511**

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

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/15/1980	4. FEI Number 59-2076260 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---	--	--	---

9. Name and Address of Current Registered Agent <b>DUFRESNE, DONALD DUFRESNE &amp; WITKOWSKI P. 231 ROYAL PALM WAY PALM BCH. FL 33480</b>	10. Name and Address of New Registered Agent 81 Name <b>Donald Dufresne</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>Donald Cassell</b> 83 <b>400 Anastasia Ave. So. Ste 500</b> 84 City <b>West Palm Bch</b> FL 85 Zip Code <b>33460</b>
--	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, HOWARD	1.2 NAME	
STREET ADDRESS	3700 CLUBHOUSE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EPSTEIN, MYRON	2.2 NAME	<b>D QUAT. BOY</b>
STREET ADDRESS	3700 CLUBHOUSE LANE	2.3 STREET ADDRESS	<b>3700 Clubhouse Lane</b>
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33436</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGLASS, ISIDORE	3.2 NAME	<b>D Moss Judy</b>
STREET ADDRESS	3700 CLUBHOUSE LANE	3.3 STREET ADDRESS	<b>3700 Clubhouse Lane</b>
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	<b>Boynton Bch, FL 33436</b>
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ALVIN	4.2 NAME	
STREET ADDRESS	3700 CLUBHOUSE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERN, ARNOLD	5.2 NAME	
STREET ADDRESS	3700 CLUBHOUSE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 of 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, on an attachment with an address, with all other like empowered.

SIGNATURE: Arnold Halpern SIGNATURE REQUIRED Arnold Halpern 3-11-99 561-734-5000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)