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FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44096 (8)

1. Corporation Name

HUNTER RUN HOMEOWNERS' ASSOCIATION OF BROWARD CO
UNTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 934930
MARGATE FL 33093
USP.O. BOX 934930
MARGATE FL 33093-4930
US3. Date Incorporated or Qualified
06/26/19913a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0293416

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOD, LORENZO (PRESI
730 HOLLY STREET
N. LAUDERDALE FL 33068

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WOOD, LORENZO	
STREET ADDRESS	730 HOLLY STREET	
CITY - ST - ZIP	NORTH LAUDERDALE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MALONE, KEVIN	
STREET ADDRESS	903 BUTTONWOOD	
CITY - ST - ZIP	NORTH LAUDERDALE FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	ABRAHAM, R C	
STREET ADDRESS	731 HOLLY STREET	
CITY - ST - ZIP	NORTH LAUDERDALE FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carey, Abraham R.
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MANZELLA, KATHERINE	
STREET ADDRESS	828 E. PALM RUN DR.	
CITY - ST - ZIP	N. LAUD. FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DENNY, NURSE M	
STREET ADDRESS	811 E. PALM RUN DR.	
CITY - ST - ZIP	N. LAUD. FL	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NURSE - DENNY, MARVENE
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MALONE, KEVIN	
STREET ADDRESS	903 BUTTONWOOD	
CITY - ST - ZIP	N. LAUD. FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: Abraham R. Carey Abraham R. Carey 2/23/97 952/9286442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026377

CR2E037 (9/96)