

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002716 (9)**  
1. Corporation Name  
**HUNTERS RUN OBSERVER, INC.**



Principal Place of Business <b>30 HAMPSHIRE L ANE BOYNTON BEACH FL 33436 US</b>	Mailing Address <b>30 HAMPSHIRE LANE BOYNTON BEACH FL 33436 US</b>
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3. Date Incorporated or Qualified <b>06/14/1993</b>	Applied For Not Applicable
4. FEI Number <b>65-0419857</b>	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>	

**9. Name and Address of Current Registered Agent**

**LEBOW, IRWIN  
30 HAMPSHIRE LANE  
BOYNTON BEACH FL 33436**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 Marilyn Prigozen DATE 2/12/98  
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KLEIN, LESTER</b>
STREET ADDRESS	<b>2 NORTHWOODS LANE</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33436</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEBOW, IRWIN</b>
STREET ADDRESS	<b>30 HAMPSHIRE LANE</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33436</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SILVERMAN, FRED</b>
STREET ADDRESS	<b>8 OAKS LANE</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33436</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PRIGOZEN, MARILYN</b>
STREET ADDRESS	<b>27 SOUTH DRIVE</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Marilyn Prigozen 561-7344750

CR2E037 (10/97)