

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$325)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

05 JUN 1995 9:23

DOCUMENT # N93000004431 (3)

1. Corporation Name

HUNTER GLEN HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

913 E MAPLE ST
N LAUDERDALE FL 33068

913 E MAPLE ST
N LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/30/1993

04/22/1994

4. FEI Number

Applied For

65-0440045

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

FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1361 W. Glen Oak Road

27 1361 W. Glen Oak Road

City & State

City & State

23 North Lauderdale, FL

28 North Lauderdale, FL

Zip

Country

Zip

Country

24 33068

25 USA

29 33068

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAFFEE, CHARLES L
1761 WEST HILLSBORO BLVD
STE 401
DEERFIELD BCH FL 33442

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 617.0903, 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
NAME	FRIEL, WILLIAM F III
STREET ADDRESS	913 E MAPLE ST
CITY- ST- ZIP	N LAUDERDALE FL
TITLE	DT
NAME	COATS, JESSE F
STREET ADDRESS	913 E MAPLE ST
CITY- ST- ZIP	N LAUDERDALE FL
TITLE	DS
NAME	JAFFEE, CHARLES L
STREET ADDRESS	913 E MAPLE ST
CITY- ST- ZIP	N LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Friel, William F. III	
13 STREET ADDRESS	1361 W. Glen Oak Road	
14 CITY- ST- ZIP	N. Lauderdale, FL 33068	
21 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Roger A. Cole	
23 STREET ADDRESS	1361 W. Glen Oak Road	
24 CITY- ST- ZIP	N. Lauderdale, FL 33068	
31 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Jaffee, Charles L.	
33 STREET ADDRESS	1361 W. Glen Oak Road	
34 CITY- ST- ZIP	N. Lauderdale, FL 33068	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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; that I am authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an officer or director of the corporation.

SIGNATURE: *William F. Friel, III, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95 (305) 973-4101
Date Daytime Phone #

CR2E037 (3/95)