

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N93000004431 (3)
1. Corporation Name
HUNTER GLEN HOMEOWNER'S ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business P.O. BOX 934664 MARGATE FL 33093 US | Mailing Address P.O. BOX 934664 MARGATE FL 33093 US |
|---|---|

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 09/30/1993 | | |
| 4. FEI Number 65-0440045 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |

| | |
|---|---|
| 2. Principal Place of Business 21 7101 W. Commercial Blvd | 2a. Mailing Address 28 PO Box 26478 |
| Suite, Apt. #, etc. 22 4-A | Suite, Apt. #, etc. 27 |
| City & State 23 Fort Lauderdale FL | City & State 28 Fort Lauderdale FL |
| Zip 24 33319 | Country 25 Broward |
| | Zip 29 33320-6478 |
| | Country 30 Broward |

| | |
|---|---------------------------------------|
| 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 |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**KASKE, WILLIAM J
7209 NW 73 AVE.
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

| | | |
|--|-----------------------|-----------------------------|
| B1 Name CLIFF LARUE | | |
| B2 Street Address (P.O. Box Number Is Not Acceptable) 7101 W Commercial Blvd | | |
| B3 Suite 4-A | | |
| B4 City Fort Lauderdale | B5 State FL | B6 Zip Code 33319 |

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, to 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]* **7 CLIFF LARUE, PROPERTY MANAGER** DATE **2/13/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| TITLE D | <input type="checkbox"/> DELETE |
| NAME MASON, DENISE | |
| STREET ADDRESS 1217 SCIOTO RD. | |
| CITY-ST-ZIP N. LAUD FL 33068 | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME POWERS, MELINDA | |
| STREET ADDRESS 1215 SCIOTO RD. | |
| CITY-ST-ZIP N. LAUD FL 33068 | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME PEKER, SAMANTHA M | |
| STREET ADDRESS 1316 E. GLEN OAK RD. | |
| CITY-ST-ZIP N. LAUD FL 33068 | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME NICHOLSON, BEVERLY | |
| STREET ADDRESS 1203 SCIOTO RD. | |
| CITY-ST-ZIP N. LAUD FL 33068 | |
| 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 DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE DVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME MARITZA CORDERO RIVERA | |
| 5.3 STREET ADDRESS 1330 E GLEN OAK RD | |
| 5.4 CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 | |
| 6.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME THOMAS M SMITH | |
| 6.3 STREET ADDRESS 1325 E GLEN OAK ROAD | |
| 6.4 CITY-ST-ZIP NORTH LAUDERDALE FL 33068 | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CP2E037 (10/97)