1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004431

1. Corporation Name

HUNTER GLEN HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business						
7101 W COMMERCIAL BLVD						
4-A						
FT LAUDERDALE FL 33319						

US

Mailing Address P.O. BOX 26478

FT LAUDERDALE FL 33320-6478

US

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

03-16-1999 90059 023 ****61.25



2. Principal P	Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed		
21		26			09/30/1993		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For		
22		27			65-0440045 Not Applicable		
City & Stat	e	City & State			5. Certificate of Status Desired \$8.75 Additional		
23		28			5. Certificate of Status Desired Fee Required		
Zip	Country	Zip	Country		6. Election Campaign Financing - \$5.00 May Be		
24	25	29 3	0		Trust Fund Contribution Added to Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			81	Nam	me ·		
LARUE, CLIFF				82 Street Address (P.O. Box Number is Not Acceptable)			
7101 W COMMERCIAL BLVD				Street Address (F.O. Box Number is Not Acceptable)			
STE 4-A					,		
	RDALE FL 33319		L.		- look 71- 0. tr		
F) LAUDE	HUALE PL 33319		84	City	y FL 85 Zip Code		
4. A state of 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 needly accept the appointment as registered.							
agent. I a	im familiar with, and accept the obligat	ions of, Section 617.0503, Florid	da Statutes	•	· J		
SIGNATURE		Alore &			ture required when reinstating) DATE		
40	Signature, typed or printed name of registered again		13.	t signatur	ture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AN	DELETE	1.1 TITLE		□S) Maddition		
TITLE	DP DENIOR	DCCC-C	1	_			
NAME	MASON, DENISE		1.2 NAME				
STREET ADDRESS	1217 SCIOTO RD.		1,3 STREE		ESS		
CITY-ST-ZIP	N. LAUD FL 33068		1.4 CITY-S	T-ZIP	Change IS Addition		
TITLE	DT	DELETE	2.1 TITLE		DP ☐ Change 【XAddition WAYNE WILSON		
NAME	POWERS, MELINDA		2.2 NAME		1341 E GLEN OAK RD		
STREET ADDRESS	1215 SCIOTO RD.		2.3 STREE	TADDRES			
CITY+ST-ZIP	N. LAUD FL 33068		2.4 CITY-S	ST-ZIP	NORTH LAUDERDALE FL 33068		
TITLE	DS	DELETE	3.1 TITLE		D Change X Addition		
NAME	PEKER, SAMANTHA M		3.2 NAME		KIMBERLY FOX		
STREET ADDRESS	1316 E. GLEN OAK RD.		3.3 STREE	TADDRES			
CITY-ST-ZIP	N. LAUD FL 33068		3.4, CITY-5	ST-ZIP	NORTH LAUDERDALE FL 33068		
TITLE	DVP	☐ DELETE	4.1 TITLE		D Change 🔀 Addition		
NAME	NICHOLSON, BEVERLY		4. 2 NAME		DAVID HALEY		
STREET ADDRESS	1203 SCIOTO RD.		4.3 STREE	T ADDRES	uss 1324 E GLEN OAK RD		
	N. LAUD FL 33068		4.4 CITY-S		NORTH LAUDERDALE FL 33068		
CITY-ST-ZIP	D	DELETE	5.1 TITLE		D Change XIX Addition		
	-		5.2 NAME		NONA TAFFE		
NAME	CORDERO RIVERA, MARITZA		5.3 STREE	T ADORES			
STREET ADDRESS		•	5.4 CITY- S		NORTH LAUDERDALE FL 33068		
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	DELETE	6.1 TITLE		D Change Addition		
TITLE	D		i		SYLVERTER SIMMONS		
NAME	SMITH, THOMAS M		6.2 NAME		,		
CTREET ADDRESS	1325 F GLEN OAK RD		6.3 STREE	T ADDRES	ESS 1213 SCIOTO RD		

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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE RECVISION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WHO Willow 3/10/99954-724-200

CR2E03/ (11/98)