

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004431

1. Entity Name

HUNTER GLEN HOMEOWNER'S ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90178 035 ****61.25

Principal Place of Business	Mailing Address
7101 W COMMERCIAL BLVD 4-A FT LAUDERDALE FL 33319 US	P.O. BOX 26478 FT LAUDERDALE FL 33320-6478 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0440045	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LARUE, CLIFF
 7101 W COMMERCIAL BLVD
 STE 4-A
 FT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MASON, DENISE	
STREET ADDRESS	1217 SCIOTO RD.	
CITY-ST-ZIP	N. LAUD FL 33068	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WILSON, WAYNE	
STREET ADDRESS	1341 E GLEN OAK RD.	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOX, KIMBERLY	
STREET ADDRESS	1103 E JASMINE LN	
CITY-ST-ZIP	N. LAUD FL 33068	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	NICHOLSON, BEVERLY	
STREET ADDRESS	1203 SCIOTO RD.	
CITY-ST-ZIP	N. LAUD FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAFFE, NONA	
STREET ADDRESS	1335 E GLEN OAK RD	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS M	
STREET ADDRESS	1325 E GLEN OAK RD	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **NOTARIZED REQUIRED** 3/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)