

2001, UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

04-10-2001 90070 011 ****61.25

DOCUMENT # N93000004431

1. Entity Name
HUNTER GLEN HOMEOWNER'S ASSOCIATION, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
c/o Consolidated Mgt *10034 W McNab Rd*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMARAC FL *Tamarac*

Zip Country Zip Country
33321 *USA* *33321* US

4. FEI Number Applied For
65-0440045 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 *Consolidated Community Mgt*
Street Address (P.O. Box Number is Not Acceptable) *10034 W McNab Rd*
City *TAMARAC* FL Zip Code *33321*

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]* DATE *4-29-01*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PO</i> Bob Inglis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10034 W McNab Rd Tamarac, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> Barbara Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10034 W McNab Rd TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> Guillermo Dominguez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10034 W McNab Rd TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> Charles Soltau <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1003 W McNab Rd TAMARAC FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> Karen Inglis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1003 W McNab Rd TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> Stephen Silberg <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10034 W McNab Rd TAMARAC, FL

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]* DATE *3/28/01* Daytime Phone # *978-8018*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)