

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90359 039 ****61.25

DOCUMENT # N93000004431
1. Entity Name
Hunter Glen Homeowners Association, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10034 W McNab Rd
Suite, Apt. #, etc.

3. Mailing Address
10034 W McNab Rd
Suite, Apt. #, etc.

City & State
TAMARAC FL
Zip
33321
Country

City & State
TAMARAC, FL
Zip
33321
Country

4. FEI Number
650440045
Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current 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 _____ DATE 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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 VPD NAME STREET ADDRESS CITY-ST-ZIP	Soltau, Charles 10034 W McNab Rd TAMARAC, FL 33321
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	Alfred Nisel 10034 W McNab Rd TAMARAC, FL 33321
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Domingues Guillermo 10034 W McNab Rd TAMARAC, FL 33321
TITLE SO NAME STREET ADDRESS CITY-ST-ZIP	Rankine Clive 10034 W McNab Rd TAMARAC, FL 33321
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	KAVE, Brady 10034 W McNab Rd TAMARAC, FL 33321
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Holmes, Mary 10034 W McNab Rd TAMARAC, FL 33321

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR