


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004431
1. Entity Name
HUNTER GLEN HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
10034 W. MCNAB RD **10034 W. MCNAB RD**
TAMARAC, FL 33021 US **TAMARAC, FL 33321 US**



04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEL Number **65-0440045** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROBERT KAYE & ASSOC.
6261 NW 6TH WAY
S# 103
FORT LAUDERDALE, FL 33309

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EDWARDS, BRENDA
STREET ADDRESS	1031 W. JASMINE LANE
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	D
NAME	KAVE, GRADY
STREET ADDRESS	10034 W. MCNAB RD
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	DVP
NAME	GAYLE, MAXWELL
STREET ADDRESS	1017 W. JASMINE LANE
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	DS
NAME	GAYLE, TINA
STREET ADDRESS	1017 W. JASMINE LANE
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	D
NAME	HOLMES, MARY
STREET ADDRESS	10034 W MCNABB ROAD
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	TD
NAME	NIGEL, ALFRED
STREET ADDRESS	10034 W. MCNAB RD
CITY - ST - ZIP	TAMARAC, FL 33321

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UN0000328722
04/25/05-80088-012 61.25

12. 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 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: _____ **4/19/05** **954 3445353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #