

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00338895

DOCUMENT # <b>N93000004431</b>	
1. Entity Name <b>HUNTER GLEN HOMEOWNER'S ASSOCIATION, INC.</b>	
Principal Place of Business <b>10034 W. MCNAB RD TAMARAC FL 33021 US</b>	Mailing Address <b>10034 W. MCNAB RD TAMARAC FL 33321 US</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0440045</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>CONSOLIDATED COMMUNITY MGMT 10034 W. MCNAB RD TAMARAC FL 33321</b>		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____		DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>SD</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RANKINE, CLIVE</b>		NAME <b>Smith, Scott</b>	
STREET ADDRESS <b>10034 W. MCNAB RD</b>		STREET ADDRESS <b>c/o CCM, Inc 10034 W McNab Road</b>	
CITY-ST-ZIP <b>TAMARAC FL 33321</b>		CITY-ST-ZIP <b>Tamarac, FL 33321</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KAVE, GRADY</b>		NAME <b>Finley, Elizabeth</b>	
STREET ADDRESS <b>10034 W. MCNAB RD</b>		STREET ADDRESS <b>c/o CCM, Inc 10034 W McNab Road</b>	
CITY-ST-ZIP <b>TAMARAC FL 33321</b>		CITY-ST-ZIP <b>Tamarac, FL 33321</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEMINGEUS, GUILLERMO</b>		NAME	
STREET ADDRESS <b>10034 W. MCNAB RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMARAC FL 33321</b>		CITY-ST-ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SOLTAN, CHARLES</b>		NAME	
STREET ADDRESS <b>10034 W MCNABB ROAD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMARAC FL 33321</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLMES, MARY</b>		NAME	
STREET ADDRESS <b>10034 W MCNABB ROAD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMARAC FL 33321</b>		CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NIGEL, ALFRED</b>		NAME	
STREET ADDRESS <b>10034 W. MCNAB RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMARAC FL 33321</b>		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 REQUIRED** *3/28/03* *305-925-9178*

CR2E037 (10/02)