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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

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ESSEX AT HUNTERS RUN CONDOMINIUM ASSOCIATION, IN C.

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Apr 23 1998 8:00am

Secretary of State

THE PROPERTY OF THE PARTY	o of Business	Mailing Address				(00) (01) P10() UF8() UI		
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3700 CLUBHOU	ISE LANE CH FL 33436-6002	3700 CLUBHOUSE LANE BOYNTON BEACH FL 33436-6002			3. Date Incorporated or Qualified			
DOTINION DEA	CH FL 33430-0002	BOTHTON BEACH FE 33430	POULE		10/28/1987			
					4. FEI Number			plied For
	- · · · · · · · · · · · · · · · · · · ·				65-0090035		→	t Applicable
2. Principal P	lace of Business	2a. Mailing Address 28			5. Certificate of Status Desired	\$	8.75 A	kdditional quired
Suite, Apt	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financin		5.00 N	
2		27	 		Trust Fund Contribution		Added to	
City & State	e	City & State			7. Is this nonprofit corporation	a homeowners as		1?
Zip	Country	28	Country		B Trib			
4	<u> </u>	`	30		8. This corporation owes or ha Personal Property Tax due J	· —		angiole] No
-	25 9. Name and Address of Curre		30		10. Name and Address of New			-
			81	Name				
CAPAICT	T ADTIUD							
BARNETT, ARTHUR			[82]	Street Add	lress (P.O. Box Number is Not Acce	ptable)		
3700 CLUB HOUSE LANE BOYNTON BEACH FL 33438			83					
BUTNIC	IN BEAUTI FL 33436							
			84	City		FL °	5 Zip (Code
office or r agent. I a	egistered agent, or both, in the Statem familiar with, and accept the obli-	te of Florida. Such change was a gations of, Section 617.0503, Flo	uthorized by rida Statutes	the corpora	poration submits this statement for t tion's board of directors. I hereby a	ccept the appoint	ment as	registerea
SIGNATURE .	Signature formed or provided name of registered a	ment and title if anningable (NOTE	· Registered Age	n) sinnshire requi	ired when reinstating)	DATE		
.=	Signature, typed or printed name of registered a OFFICERS A		: Registered Age	nper erufangia In	ired when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DI	RECTOR	S IN 12
12.	OFFICERS A	gent and title if applicable (NOTE ND DIRECTORS DELETE		ni signature requi		FFICERS AND DI	RECTOR Change	
12. TITLE	OFFICERS A	ND DIRECTORS	13.	n signature requ		FFICERS AND DI		
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indicated on this armost report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: