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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21920

1. Corporation Name
HUNTERS GLEN COMMUNITY ASSOCIATION, INC.

Principal Place of Business
4917 NW 53RD ST
GAINESVILLE FL 32653
US

Mailing Address
4917 NW 53RD ST
GAINESVILLE FL 32653
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3888365	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	

9. Name and Address of Current Registered Agent

WONG, CHU-KUOK
4917 NW 53RD ST
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Chu-Kuok Wong (Chu-Kuok Wong, DT)
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	FLECK GEOFFREY	1.2 NAME	
STREET ADDRESS	5115 NW 53 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	
NAME	BRUCE WALKER	2.2 NAME	
STREET ADDRESS	5125 NW 53RD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	WONG, CHU-KUOK	3.2 NAME	
STREET ADDRESS	4917 NW 53RD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	OMER, RHONA	4.2 NAME	
STREET ADDRESS	5118 NW 53RD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MARY BROWN	5.2 NAME	
STREET ADDRESS	4920 NW 51ST DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	DP
NAME	RADI AWARTANI	6.2 NAME	
STREET ADDRESS	4906 NW 53RD ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chu-Kuok Wong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

(352) 376-5384

CR2E037 (1/98)