2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2006 8:00 am Secretary of State DOCUMENT # 665610 1. Entity Name 05-05-2006 90176 044 ***150.00 HUNTERS RUN REALTY COMPANY, INC. Principal Place of Business Mailing Address 200 ADMIRALS COVE BLVD JUPITER FL 33477 200 ADMIRALS COVE BLVD JUPITER FL 33477 2. Principal Place of Bysiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) 107 UITE OF STATE 59-2006111 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HYMAN, ESQ HYMAN, SHERRY LEFKOWI E Box Number is Not Acceptable) 200 ADMIRALS COVE BLVD. JUPITER FL 33477 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 Signature, typed or printed raine of registered agent and title it applicable (NOTE Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition NAME FRANKEL, WILLIAM NAME 3101 PGA BLUD. - SUITE 107 STREET ADDRESS 200 ADMIRALS COVE BLVD STREET ADDRESS PALM BEACH GARDENS, FL 33410 Change CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP TITLE ☐ Delete TITLE FRANKEL, BENJAMIN NAME STREET ADDRESS 3701 PCA BLUD. - SUITE 107 STREET ADDRESS 200 ADMIRALS COVE BLVD CITY-ST-ZIP JUPITER FL CITY-ST-ZIP PALM BEACH GARDENS FL 33410 TITLE STV Delete NAME FRANKEL, THOMAS NAME 3801 PER BLVD .- SUITE 107 STREET ADDRESS STREET ADDRESS 200 ADMIRALS COVE BLVD. PALM BEACH GARDENS, FL 3340 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED