

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **758767** (8)

1. Corporation Name  
**THE GLENS AT HUNTERS RUN CONDOMINIUM ASSOCIATION INC.**

Principal Place of Business  
**3700 CLUBHOUSE LANE  
BOYNTON BCH. FL 33436**

Mailing Address  
**3700 CLUBHOUSE LANE  
BOYNTON BCH. FL 33436**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/15/1981** 3a. Date of Last Report **03/15/1994**

4. FEI Number **59-2195448** Applied For  Not Applicable

2. Principal Place of Business  
21 Suits, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

22 City & State  
23

24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**DUFRESNE, DONALD P.  
COMMANDER, SCOTT, HENDERSON & POWERS, PA  
231 ROYAL PALM WAY, THIRD FLOOR  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name **Dufresne, Donald**  
82 Street Address (P.O. Box Number is Not Acceptable) **Dufresne, & Witkowski, P.A.**  
83 **231 Royal Palm Way**  
84 City **Palm Beach** 85 Zip Code **FL 33480**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0805, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS	
TITLE- NAME STREET ADDRESS CITY - ST - ZIP	<b>P GOLDSTEIN, GEORGE 3700 CLUBHOUSE LANE BOYNTON BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP SHAPIRO, NATHAN 3700 CLUBHOUSE LANE BOYNTON BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S SCHNEIDER, RONA 3700 CLUBHOUSE LANE BOYNTON BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T FIDEL, HYMAN 3700 CLUBHOUSE LANE BOYNTON BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GROBMAN, MURRAY 3700 CLUBHOUSE LANE BOYNTON BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BERSON, PAUL 3700 CLUBHOUSE LANE BOYNTON BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<b>P D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33436</b>
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<b>V D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33436</b>
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<b>S D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33436</b>
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<b>T D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33436</b>
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33436</b>
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33436</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR