

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

3. Date Incorporated or Qualified: 06/15/1981
3a. Date of Last Report: 07/20/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2195448	Applied For: <input type="checkbox"/>	Not Applicable: <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> 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				
82. Street Address (P.O. Box Number is Not Acceptable)				
83.				
84. City	FL	85. Zip Code		

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: GOLDSTEIN, GEORGE	1.1 TITLE: Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3700 CLUBHOUSE LANE	CITY-ST-ZIP: BOYNTON BEACH FL	1.2 NAME: Leonard Susser	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS: 3700 Clubhouse Lane	
		1.4 CITY-ST-ZIP: Boynton Beach, Fl. 33436	
TITLE: VP	NAME: SHAPIRO, NATHAN	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3700 CLUBHOUSE LANE	CITY-ST-ZIP: BOYNTON BEACH FL	2.2 NAME:	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: S	NAME: SCHNEIDER, RONA	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3700 CLUBHOUSE LANE	CITY-ST-ZIP: BOYNTON BEACH FL	3.2 NAME:	
	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: T	NAME: FIDEL, HYMAN	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3700 CLUBHOUSE LANE	CITY-ST-ZIP: BOYNTON BEACH FL	4.2 NAME:	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: D	NAME: GROBMAN, MURRAY	5.1 TITLE: Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3700 CLUBHOUSE LANE	CITY-ST-ZIP: BOYNTON BEACH FL	5.2 NAME:	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: D	NAME: BERSON, PAUL	6.1 TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3700 CLUBHOUSE LANE	CITY-ST-ZIP: BOYNTON BEACH FL	6.2 NAME: Betty Tatalman	
	<input checked="" type="checkbox"/> DELETE	6.3 STREET ADDRESS: 3700 Clubhouse Lane	
		6.4 CITY-ST-ZIP: Boynton Beach, Fl. 33436	

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)(k), 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, unchanged, or as an attachment with an address.

SIGNATURE: _____ (Signature of Fidel) _____ (Signature of Mortham)
SIGNATURE: _____ (Signature of Tatalman)
DATE: _____ DATE: _____
DAYTIME PHONE # _____ DAYTIME PHONE # _____

CR2E037 (12/95)

4-19-96
JR