

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90163 001 \*\*\*\*61.25

0044241

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 758767**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/15/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2195448	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
DUFRESNE, DONALD P. COMMANDER, SCOTT, HENDERSON & POWERS, PA 231 ROYAL PALM WAY, THIRD FLOOR PALM BEACH FL 33480				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City			85
				West Palm Bch			FL 33463	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VSD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JACOBS, MIKE			1.2 NAME	Bill Reynolds		
STREET ADDRESS	3700 CLUBHOUSE LANE			1.3 STREET ADDRESS	3700 Clubhouse Lane		
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CITY-ST-ZIP	Boynton Beach, FL 33436		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TATELMAN, BETTY			2.2 NAME			
STREET ADDRESS	37000 CLUBHOUSE LN.			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOYTON BEACH FL 33436			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIDEL, HYMAN			3.2 NAME			
STREET ADDRESS	3700 CLUBHOUSE LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROBMAN, MURRAY			4.2 NAME			
STREET ADDRESS	3700 CLUBHOUSE LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Bill Boyd		
STREET ADDRESS				5.3 STREET ADDRESS	3700 Clubhouse Lane		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Boynton Beach, FL 33436		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: [Signature] **SIGNATURE REQUIRED** Fidel **3-11-99** **561-734-5660**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)