

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90176 049 \*\*\*\*61.25

0039022

**DOCUMENT # 758767**



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

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

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

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

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**LEVINE, JAY STEVEN**  
**2500 N MILITARY TRAIL**  
**STE 275**  
**BOCA RATON FL 33431**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TATELMAN, BETTY</b> <b>37000 CLUBHOUSE LN.</b> <b>BOYNTON BEACH FL 33436</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVD</b> <b>LEVINE, IRWIN</b> <b>3700 CLUBHOUSE LANE</b> <b>BOYNTON BEACH FL 33436</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GROBMAN, MURRAY</b> <b>3700 CLUBHOUSE LANE</b> <b>BOYNTON BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEIN, MAXWELL</b> <b>3700 CLUBHOUSE LANE</b> <b>BOYNTON BEACH FL 33436</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOVITZ, DAVID</b> <b>3700 CLUBHOUSE LANE</b> <b>BOYNTON BEACH FL 33436</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>TATELMAN, BETTY</b> <b>3700 Clubhouse Lane</b> <b>Boynton Beach FL 33436</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>LEVINE, MARVIN</b> <b>3700 CLUBHOUSE LANE</b> <b>BOYNTON BEACH FL. 33436</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LOVITZ, DAVID</b> <b>3700 Clubhouse Lane</b> <b>Boynton Beach, FL 33436</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 617, 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date, **3-4-03**      Daytime Phone # **(561) 734-5000**

CR2E037 (10/02)