

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767998

1. Entity Name

THE OAKS AT HUNTERS RUN CONDOMINIUM ASSOCIATION,

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90023 049 ****61.25

Principal Place of Business

3700 CLUBHOUSE LANE
3500 CLUBHOUSE LANE
BOYNTON BEACH FL 33436

Mailing Address

3700 CLUBHOUSE LANE
3500 CLUBHOUSE LANE
BOYNTON BEACH FL 33436-6002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2334357

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUFRESEN, DONALD P.
DUFRESNE & WITOWSKI, PA
12788 FOREST HILL BLVD.
WELLINGTON FL 33414

Jay Steven Levine
2500 N. Military Trail
Suite 275
Boca Raton, FL 33431

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SILVERMAN, FRED
STREET ADDRESS 3700 CLUBHOUSE LANE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SOLOMON, JACK
STREET ADDRESS 3700 CLUBHOUSE LANE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME HEYMMANN, MELVIN
STREET ADDRESS 3700 CLUBHOUSE LANE
CITY-ST-ZIP BOYNTON BEACH F

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HAUBENSTOCK, EUGENE
STREET ADDRESS 3700 CLUBHOUSE LANE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)