2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

					ccictary o	Dunce	
DOCUMENT # 767998 1. Entity Name THE OAKS AT HUNTERS RUN CONDOMINIUM ASSOCIATION, INC.					04-24-2008 90121 018		
3700 CLUBHOUSE LANE 37		Mailing Address 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436			HADIN SAUTA HADAN TATIK BADAN BADAN KADAN ANTA	82811 8151118	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032008 Ci	hg-NP CR2E037 (1	2/06)	
City & State		City & State		4. FEI Number 59-233435	7	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of St		75 Additional Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent			
			Name				
LEVINE, JAY STEVEN 2500 N MILITARY TRAIL			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
275 BOCA RATON, FL:33431							
	•		City		FL ²	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
SIGNATURÉ .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature	B required when reinstating)	DATE		
SIGNATURE .	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2008		npaign Financing	\$5.00 May Be	Make check pay		
SIGNATURE .	Filing Fee is \$61.25	9. Election Cam Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make check pa	nt of State	
-	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	Make check pay Florida Department ES TO OFFICERS AND DIRECT	nt of State	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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

4/14/08 561-734-5000 Date Devire Proce !