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

DOCUMENT # 767998



May 07, 2003 8:00 am Secretary of State 05-07-2003 90176 042 ****61.25

FILED

L Entity Name					1/2
THE OAKS INC.	at hunters	RUN	CONDOMINIUN	A ASSOCIATION,	WEN

Principal Place of Business Mailing Address 3700 CLUBHOUSE LANE 3700 CLUBHOUSE LANE 3500 CLUBHOUSE LANE 3500 CLUBHOUSE LANE BOYNTON BEACH FL 33436 **BOYNTON BEACH FL 33436** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2334357 City & State Applied For Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent LEVINE, JAY STEVEN

2500 N MILITARY TRAIL 275 **BOCA RATON FL 33431**

Name			

Street Address (P.O. Box Number is Not Acceptable)

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.

City

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 Florida Department of State

Zip Code

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				I 10
TITLE	PD	☐ Delete	TITLE	SD		☐ Change	Addition
NAME	SILVERMAN, FRED		NAME	HARTZ, PATT	ic1A		
STREET ADDRESS	3700 CLUBHOUSE LANE		STREET ADDRESS	3700 Clubhou	se Lane		
CITY-ST-ZIP	BOYNTON BEACH FL		CITY-ST-ZIP	Bornton Beac	h FL 334	36	
TITLE	VD	☐ Delete	TITLE	VDI.		☐ Change	Addition
NAME .	SOLOMON, JACK		NAME	GARBER, ARN	orD		
STREET ADDRESS	3700 CLUBHOUSE LANE		STREET ADDRESS	3700 Clubhou	عواصمعا		ſ
CITY-ST-ZIP	BOYNTON BEACH FL		CITY-ST-ZIP	Boynton Bea	ch FL 334	مايت	
TITLE	TD	☐ Delete	TITLE		, , , , , , , , , , , , , , , , , , , ,	Change	☐ Addition
NAME	HAUBENSTOCK, EUGENE		NAME				ľ
STREET ADDRESS	3700 CLUBHOUSE LANE		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		CITY-ST-ZIP				
TITLE	SD	"Delete	TITLE			Change	☐ Addition
NAME	ZELTZER, CYNTHIA	r	NAME				
STREET ADDRESS	3700 CLUBHOUSE LANE		STREET ADDRESS				j
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP				
TITLE	D	Delete	TITLE			☐ Change	Addition
NAME	SHAPIRO, MAXINE	•	NAME				
STREET ADDRESS	3700 CLUBHOUSE LANE		STREET ADDRESS				[
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		*	☐ Change	☐ Addition
NAME			NAME				1
STREET ADDRESS			STREET ADDRESS				Ì
CITY-ST-ZIP			CITY-ST-ZIP				ì

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

561-734-5000