
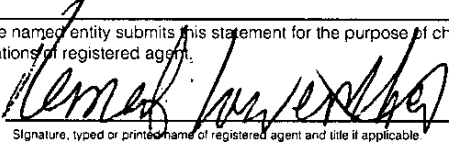
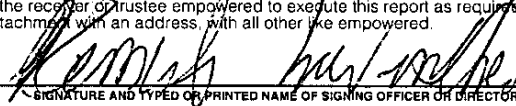


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90184 043 \*\*\*\*61.25

<b>DOCUMENT # N06842</b> 1. Entity Name <b>EASTGATE II AT HUNTERS RUN CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>HUNTERS RUN 3700 CLUBHOUSE LANE BOYNTON BCH, FL 33436</b>			Mailing Address <b>HUNTERS RUN 3700 CLUBHOUSE LANE BOYNTON BCH, FL 33436</b>		
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 <b>59-2646866</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SOLOMON, LEONARD 23C EASTGATE DRIVE BOYNTON BEACH, FL 33436</b>				Name <b>Loewentheil, Ken</b> Street Address (P.O. Box Number is Not Acceptable) <b>20B Eastgate Drive</b> City <b>Boynton Beach</b> FL Zip Code <b>33436</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>4-13-05</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WHITE, MARVIN 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LOEWENTHEIL, KEN 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VOGELSTEIN, RENEE 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ROTTENBERG, JAN 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD SOLOMON, LEONARD 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD NEWMAN, HARVEY 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GREISS, JOAN 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREISS, JOAN 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KAUFFMAN, ROBERT 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KAUFFMAN, ROBERT 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4/13/05</b> <b>Kenneth Loewentheil</b>	
				Daytime Phone # <b>561-734-3000</b>	