

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90335 021 \*\*\*\*61.25

AU027430

**DOCUMENT # N 12423**  
 1. Entity Name  
 HUNTER'S GLEN CONDOMINIUM ASSN., INC. ✓

Principal Place of Business: GOLD STAR MGMT  
 34072 US 19N  
 PALM HARBOR FL 34684  
 US

Mailing Address: 34072 US 19N  
 PALM HARBOR FL  
 34684  
 US

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: 31-1190534  
 Applied For: Not Applicable


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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 WILLIAM GOLDMAN  
 34072 US 19N % GOLD STAR MANAGEMENT  
 PALM HARBOR FL 34684

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.

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

TITLE PD	MIKE HARLOW <input type="checkbox"/> Delete
NAME	2065 HUNTERS GLEN DR #402
STREET ADDRESS	DUNEDIN FL 34698
CITY-ST-ZIP	
TITLE D	CHRISTINE PERKINS <input type="checkbox"/> Delete
NAME	34072 US 19N
STREET ADDRESS	PALM HARBOR FL 34684
CITY-ST-ZIP	
TITLE SD	NANCY MILEY <input type="checkbox"/> Delete
NAME	2090 HUNTERS GLEN DR #708
STREET ADDRESS	DUNEDIN FL 34698
CITY-ST-ZIP	
TITLE D	BILL VALENTINE <input type="checkbox"/> Delete
NAME	2045 HUNTERS GLEN DR #506
STREET ADDRESS	DUNEDIN FL 34698
CITY-ST-ZIP	
TITLE D	BARBARA RAINEY <input type="checkbox"/> Delete
NAME	2087 HUNTERS GLEN DR #106
STREET ADDRESS	DUNEDIN FL 34698
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 (11/00)