

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90058 048 ****61.25

DOCUMENT # N12423

1. Entity Name

HUNTER'S GLEN CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

Mailing Address

34072 US 19 N
 PALM HARBOR FL 34684

34072 US 19 N
 PALM HARBOR FL 34684

2. Principal Place of Business

2435 US HWY 19 STE 270

3. Mailing Address

2435 US 19 STE 270

Suite, Apt. #, etc.

HOLIDAY, FL

Suite, Apt. #, etc.

HOLIDAY FL

City & State

City & State

4. FEI Number

31-1190534

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 34691

Country USA

Zip 34691

Country USA

6. Name and Address of Current Registered Agent

GOLDMAN, WILLIAM
 34072 US 19 N
 PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name GOLDMAN, WILLIAM
 Street Address (P.O. Box Number is Not Acceptable) 2435 US HWY 19 STE 270
 HOLIDAY
 City HOLIDAY FL Zip Code 34691

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 WILLIAM GOLDMAN

William Goldman

2/20
 2002

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	<input checked="" type="checkbox"/> Delete
NAME	PERKINS, CHRISTINE	
STREET ADDRESS	4131 GUNN HWY	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURGESS, HEATHER	
STREET ADDRESS	2067 HUNTERS GLEN DR, #309	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CAVALLARO, JOHN	
STREET ADDRESS	2045 HUNTERS GLEN DR, #502	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COX, SHIRLEY	
STREET ADDRESS	4131 GUNN HIGHWAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SUYDAM, NANCY	
STREET ADDRESS	2090 HUNTERS GLEN DR, #708	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL HARLOW	
STREET ADDRESS	2065 HUNTERS GLEN DR #402	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM VALENTINE	
STREET ADDRESS	2045 HUNTERS GLEN DR #506	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINE PERKINS	
STREET ADDRESS	2440 STATE RD 580 STE 3	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLORES LETZRING	
STREET ADDRESS	2085 HUNTERS GLEN DR. #208	
CITY-ST-ZIP	DUNEDIN, FL 34698	
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 REQUIRED

2-20-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)