

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90039 046 ****70.00

DOCUMENT # N34716

1. Entity Name

HUNTER'S CHASE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

12785 FOREST HILL BLVD.
 SUITE C
 WEST PALM BEACH FL 33414
 US

Mailing Address

12785 FOREST HILL BLVD.
 SUITE C
 WEST PALM BEACH FL 33414-4777
 US

2. Principal Place of Business

11199 POLO CLUB ROAD

Suite, Apt. #, etc.

3. Mailing Address

11199 POLO CLUB ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

4. FEI Number

59-2997169

Applied For

Not Applicable

Zip
33414

Country

Zip
33414

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWSOME, JOHN
 12785-C FOREST HILL BLVD
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name **CRAIG GAILE**

Street Address (P.O. Box Number is Not Acceptable)
11199 Polo Club Road

City **WELLINGTON** FL Zip Code **33414**

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

Craig T. Gaile

CRAIG T. GALLE

JAN. 22, 2000

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	D <input type="checkbox"/> Delete
NAME	WELCH, JACK
STREET ADDRESS	11809 POLO CLUB RD
CITY-ST-ZIP	WELLINGTON FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	O'CONNER, TIM
STREET ADDRESS	11809 POLO CLUB RD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> Delete
NAME	GAILE, CRAIG
STREET ADDRESS	11809 POLO CLUB ROAD
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELSH, JACK
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD SKINNER
STREET ADDRESS	11199 POLO CLUB RD
CITY-ST-ZIP	WELLINGTON, FL 33414
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:

Craig T. Gaile **CRAIG T. GALLE**

1/22/00

(561) 798-7033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)