

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N43073 1. Entity Name HUNTERS RUN - COUNCIL OF THE PRESIDENTS, INC.	
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Principal Place of Business 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436	Mailing Address 3700 CLUBHOUSE LN BOYNTON BEACH, FL 33436 US
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02082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0261594	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEVINE, JAY S 2500 N. MILITARY TR STE 275 BOCA RATON, FL 33431
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAPPOPORT, HOWARD 3700 CLUBHOUSE LN BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWMAN, ALVIN 3700 CLUBHOUSE LN BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORNSTEIN, MARILYN 3700 CLUBHOUSE LN BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAPLAN, ARMAND 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE
U000000752363 05/21/07-80013-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Armand Kaplan Treas. 4/30/07 561-734-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #