FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44096 (8)

1. Corporation Name
HUNTER RUN HOMEOWNERS' ASSOCIATION OF BROWARD CO UNTY, INC.

Principal Place of Business	Mailing Address
913 E. MAPLE STREET N. LAUDERDALE FL 33068	913 E. MAPLE STREET N. LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1991
3a. Date of Last Report: 03/18/1994
4. FEI Number: 65-0293416 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 934930	26 P.O. Box 934930
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Margate Fl	28 City & State: Margate Fl
24 Zip: 33093 25 Country: USA	29 Zip: 33093 30 Country: USA

9. Name and Address of Current Registered Agent

FRIEL, WILLIAM F. III
913 E. MAPLE STREET
N. LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name: Lorenzo Wood (President)
82 Street Address (P.O. Box Number is Not Acceptable): 730 HOLLY Street
83
84 City: N. Lauderdale FL 85 Zip Code: 33068

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 3/8/95
Signature, type/or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	FRIEL, WILLIAM F. III	1.2 NAME	
STREET ADDRESS	913 E. MAPLE STREET	1.3 STREET ADDRESS	Lorenzo Wood
CITY-ST-ZIP	N. LAUDERDALE FL	1.4 CITY-ST-ZIP	730 Holly St, N. Lauderdale Fl33068
TITLE	DT	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	COATS, JESSE F.	2.2 NAME	Steve Rodriguez
STREET ADDRESS	913 E. MAPLE STREET	2.3 STREET ADDRESS	815 E Palm Run Dr,N Laud. Fl33068
CITY-ST-ZIP	N. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	DT ☒ Change ☐ Addition
NAME	JAFFEE, CHARLES L.	3.2 NAME	Richard Chase
STREET ADDRESS	913 E. MAPLE STREET	3.3 STREET ADDRESS	830 E Palm Run Dr, N Laud Fl 33068
CITY-ST-ZIP	N. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	DS ☐ Change ☒ Addition
NAME		4.2 NAME	Katherine Manzella
STREET ADDRESS		4.3 STREET ADDRESS	828 E Palm Run Dr, N Laud Fl 33068
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Marvere Nurse Denny
STREET ADDRESS		5.3 STREET ADDRESS	811 E Palm Run Dr, N laud Fl 33068
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Kevin Malone
STREET ADDRESS		6.3 STREET ADDRESS	903 Buttonwood N.Laud Fl 33068
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040342