FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **N44096** 1. Entity Name HUNTER RUN HOMEOWNERS' ASSOCIATION OF BROWARD CO 04-30-2001 90079 024 \*\*\*\*61.25 Principal Place of Business Mailing Address 730 HOLLY STREET 730 HOLLY STREET 134411 N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0293416 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BAKALAR, SUSAN P PA 2240 SW 70TH AVE., #D **DAVIE FL 33317-1120** Zip Code City 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 registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DP TITLE ☐ Delete ☐ Change Addition NAME WOOD, LORENZO NAME STREET ADDRESS STREET ADDRESS 730 HOLLY STREET CITY-ST-ZIP CITY-ST-ZIP NORTH LAUDERDALE FL TITLE DT ☐ Delete TITLE Change Addition NAME CAREY, ABRAHAM R. NAME STREET ADDRESS STREET ADDRESS 5820 S. CABLE CIR CITY-ST-ZIP CITY-ST-7IP MARGATE FL 33063 TITLE DS ☐ Delete TITLE ☐ Change Addition NAME MANZELLA, KATHERINE NAME STREET ADDRESS STREET ADDRESS 828 E. PALM RUN DR. CITY-ST-ZIP CITY-ST-7IP N. LAUD. FL D ☐ Delete TITLE TITLE Change Addition NAME DENNY, MARVENE NAME STREET ADDRESS STREET ADDRESS 811 E. PALM RUN DR. CITY-ST-7IP CITY-ST-ZIP N. LAUD. FL 33068 D ☐ Addition TITLE Delete TITLE ☐ Change NAME MENDOZA, RENE NAME STREET ADDRESS 829 E PALM RUN DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP N LAUDERDALE FL 33068 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF 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

Wishan Rolarey Abraham Rolarey 4/24/1/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylorde Phone #