2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N44096** HUNTER RUN HOMEOWNERS' ASSOCIATION OF BROWARD CO UNTY, INC. Principal Place of Business Mailing Address 730 HOLLY STREET 730 HOLLY STREET N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068 US

FILED May 27, 2002 8:00 am Secretary of State

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2. Principal Place of Business .		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO	O NOT WRITE IN THIS S	PACE		
City & State		City & State		4. FEI Number Applied For				
Zip Country		750		65-0	293416		lot Applicable	
	<u> </u>	Zip	Country	5. Certificate of Statu	s Desired 🔲	\$8.75 Ad Fee Requir	lditional ed	
6. Name and Address of Current		rent Registered Agent			7. Name and Address of New Registered Agent			
The second second		i The second sec	Name		·			
BAKALAR, SUSAN P PA		! !	Street Address		(P.O. Box Number is Not Acceptable)			
2240 SW 70TH AVE., #D		i						
DAVIE FL 33317-1120								
		I	City		FL	Zip Cod	ie	
8. The above	e named entity submits this stateme	nt for the purpose of changing its	registered office or regist	tered agent, or both, in the		_L		
		;	J	total agoing of both, in the	data of Florida.			
		1						
SIGNATURE	Signature, typed or printed name of registered a	anent and title if applicable (NOT)	E: Popietorod Agost dignoluse as al					
,			E: Registered Agent signature requi	red when reinstaurig)	DATE			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		Make Check Departmen			
10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	DP	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	WOOD, LORENZO	1	NAME					
STREET ADDRESS	730 HOLLY STREET	•	STREET ADDRESS					
CITY-ST-ZIP	NORTH LAUDERDALE FL	!	CITY-ST-ZIP		*			
TITLE	DT	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	CAREY, ABRAHAM R.	•	NAME					
CITY-ST-ZIP	5820 S. CABLE CIR MARGATE FL 33063	1	STREET ADDRESS CITY-ST-ZIP					
TITLE	DS	Delete	TITLE	<u></u>	-			
NAME	MANZELLA, KATHERINE	MAN DESIGN	NAME	e Marie de la periodición	ا میس د د	Change .	☐ Addition	
STREET ADDRESS	828 E. PALM RUN DR.	1	STREET ADDRESS	•			·	
CITY-ST-ZIP	N. LAUD. FL		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			Change	Addition	
NAME	DENNY, MARVENE	1	NAME			_ •	_	
CITY-ST-ZIP	811 E. PALM RUN DR.	! 1	STREET ADDRESS					
	N. LAUD. FL 33068	<u> </u>	CITY-ST-ZIP					
title Name	MENDOZA, RENE	, Delete	TITLE		(Change	☐ Addition	
STREET ADDRESS	829 E PALM RUN DR		NAME STREET ADDRESS					
CITY-ST-ZIP	N LAUDERDALE FL 33068		CITY-ST-ZIP				}	
TITLE	THE PERSON OF THE VAVAA	☐ Delete	TITLE		 г	Change	Addition	
NAME		1	NAME		L	change	☐ Aodi(i0ii	
STREET ADDRESS		i	STREET ADDRESS			•		
CITY-ST-ZIP			CITY-ST-ZIP				ì	

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.