
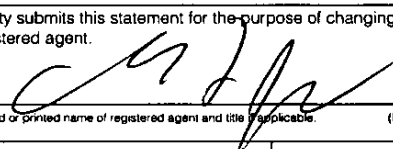
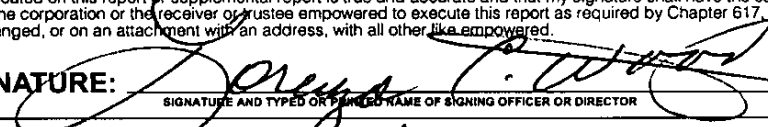


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN 22 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44096 1. Entity Name HUNTER RUN HOMEOWNERS' ASSOCIATION OF BROWARD COUNTY, INC.					
Principal Place of Business 730 HOLLY STREET N. LAUDERDALE, FL 33068 US			Mailing Address 730 HOLLY STREET N. LAUDERDALE, FL 33068 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JAFFEE, CHARLES L P.A. 1701 W. HILLS BLVD., STE. 303 DEERFIELD BEACH, FL 33442				Name Jeffrey, Charles L P.A. Street Address (P.O. Box Number is Not Acceptable) Suite 305 C 7301-A West Palmetto Park Road City Boca Raton FL 33433	
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 _____					
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WOOD, LORENZO 730 HOLLY STREET NORTH LAUDERDALE, FL	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CAREY, ABRAHAM R. 5820 S. CABLE CIR MARGATE, FL 33063	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DENNY, MARVENE 811 E. PALM RUN DR. N. LAUD., FL 33068	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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:  12-23-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Lorenzo L. Wood.