

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N03793 (9)**
1. Corporation Name
HUNTERS RUN I HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
% SUNWEST INTERNATIONAL PROPERTIES INC.
5008 W. LINEBAUGH AVE. STE. 15
TAMPA FL 33624

3. Date Incorporated or Qualified **06/20/1984** 3a. Date of Last Report **02/20/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number **59-2489449** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HASELOFF, HANS J
%SUNWEST INTERNATIONAL PROPERTIES INC.
5008 W. LINE BAUGH AVE. STE. 15
TAMPA FL 33624

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, THOMAS H	1.2 NAME	
STREET ADDRESS	19107 TRACY CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL 33549	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IUGELBERG, JULIE	2.2 NAME	
STREET ADDRESS	3420 HUNTERS RUN LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNST, ERIC	3.2 NAME	LYNNE OSBORN
STREET ADDRESS	7910 LUXBURY PLACE	3.3 STREET ADDRESS	3416 HUNTERS RUN LN.
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	TAMPA, FL 33614
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKS, DIANE	4.2 NAME	LYNN ERNST
STREET ADDRESS	3428 HUNTERS RUN LANE	4.3 STREET ADDRESS	7910 LUXBURY PLACE
CITY - ST - ZIP	TAMPA FL 33614	4.4 CITY - ST - ZIP	TAMPA, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, RAY	5.2 NAME	
STREET ADDRESS	6805 SILVER BRANCH CT.	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33625	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLANS, GEORGE	6.2 NAME	
STREET ADDRESS	7911 HUNTERS RUN LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	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)(k), 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: *Thomas H. Clark* **THOMAS H. CLARK** 2-5-96 949-8132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)