


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90100 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03793

1. Corporation Name

HUNTERS RUN I HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O ANDOVER PROPERTIES, INC.
 5008 W. LINEBAUGH AVE. #15
 TAMPA FL 33624
 US

Mailing Address

C/O ANDOVER PROPERTIES, INC.
 5008 W. LINEBAUGH AVE. #15
 TAMPA FL 33624
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/20/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2489449
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution <input type="checkbox"/>
24	25	29
Country	Country	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDOVER PROPERTIES
5008 WEST LINEBAUGH AVENUE
SUITE 15
TAMPA FL 33624

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 reinstating)

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	LUIS, ROSA	1.2 NAME	
STREET ADDRESS	7907 LUXBURY PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSBORN, LYNNE	2.2 NAME	DVP
STREET ADDRESS	3416 HUNTERS RUN LANE	2.3 STREET ADDRESS	SMITH, ELOISE
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	6010 N. GUNLOCK AVE
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS
NAME	MCCLAIN, ALICE	3.2 NAME	ERNST, LYNN
STREET ADDRESS	7903 LUXBURY PLACE	3.3 STREET ADDRESS	7910 LUXBURY PLACE
CITY-ST-ZIP	TAMPA FL 33614	3.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT
NAME	JEPSON, LINDA	4.2 NAME	EDWARDS, JUDITH
STREET ADDRESS	7905 LUXBURY PLACE	4.3 STREET ADDRESS	3444 HUNTERS RUN LANE
CITY-ST-ZIP	TAMPA FL 33614	4.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	BUSTER, RICHARD
STREET ADDRESS		5.3 STREET ADDRESS	7903 LUXBURY PLACE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **X** *[Signature]* **SIGNATURE REQUIRED**

1-15-99 931-5704

CR2E037 (11/98)