2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 amg Secretary of State DOCUMENT # N03793 1. Entity Name 05-16-2001 90198 007 ****61.25 HUNTERS RUN I HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O ANDOVER PROPERTIES, INC. C/O ANDOVER PROPERTIES. INC. 656995 5008 W. LINEBAUGH AVE. #15 5008 W. LINEBAUGH AVE. #15 TAMPA FL 33624 TAMPA FL 33624 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2489449 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANDOVER PROPERTIES **5008 WEST LINEBAUGH AVENUE** SUITE 15 City Zip Code **TAMPA FL 33624** 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DΡ ☐ Delete TITLE ☐ Change ☐ Addition TITLE LUIS, ROSA NAME NAME STREET ADDRESS 7907 LUXBURY PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33614** DVP ☐ Addition ☐ Delete TITLE ☐ Change SMITH ELOISE. NAME NAME STREET ADDRESS 6010 N GUNLOCK AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** Delete TITLE Change ☐ Addition LYNN ERNST. NAME STREET ADDRESS 7910 LUXBURY PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** TITLE ☐ Delete TITLE Change Addition NAME **GROVER, CLEMONS** NAME STREET ADDRESS 3424 HUNTERS RUN LN STREET ADDRESS CITY-ST-7IP **TAMPA FL 33614** CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change NAME BUSTER RICHARD, NAME STREET ADDRESS 7903 LUXBURY PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33614 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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813-900-7300