

**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # N03793
 1. Entity Name
 HUNTERS RUN I HOMEOWNERS ASSOCIATION, INC.



FILED
 05 JUN 29 AM 11:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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: 218 E. BEARSS AVE, PMB 241, TAMPA FL
 3. Mailing Address: 218 E. BEARSS AVE, PMB 241, TAMPA FL

06062005 Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2489449
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

Applied For: Not Applicable

6. Name and Address of Current Registered Agent: ANDOVER PROPERTIES, 5008 WEST LINEBAUGH AVENUE, SUITE 15, TAMPA, FL 33624

7. Name and Address of New Registered Agent: CONDOMINIUM ALLIANCE MNGT. CORP, 218 E. BEARSS AVE, SUITE 241, TAMPA FL 33613

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: Raymond J. Chen DATE: JUNE 6 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP NAME: OSBORN, MARK STREET ADDRESS: 7901 LUXBURY PLACE CITY-ST-ZIP: TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: EBERT, JR., OTIS STREET ADDRESS: 3450 HUNTERS RUN LANE CITY-ST-ZIP: TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 300057368603 CITY-ST-ZIP: 07/12/05--01075--025 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: OSBORN, LYNN STREET ADDRESS: 3416 HUNTERS RUN LANE CITY-ST-ZIP: TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: BUSTER RICHARD, STREET ADDRESS: 7903 LUXBURY PLACE CITY-ST-ZIP: TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVP NAME: FAIRCHILD, PAT STREET ADDRESS: 7902 LUXBURY PLACE CITY-ST-ZIP: TAMPA, FL 336142775	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 IKA empowered.

SIGNATURE: Raymond J. Chen DATE: 6/10/05 DAYTIME PHONE #: 813 503 7541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR