



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90052 018 \*\*\*\*61.25

<b>DOCUMENT # N03793</b>					
1. Entity Name HUNTERS RUN I HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 553 S. DUNCAN AVE CLEARWATER, FL 33756 US			Mailing Address 553 S. DUNCAN AVE CLEARWATER, FL 33756 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2489449	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JULIA GALPIN REALTY INC. 553 S. DUNCAN AVE CLEARWATER, FL 33756			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DI AMICO, JOSEPH		NAME		
STREET ADDRESS	3426 HUNTERS RUN LN		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAIRCHILD, PAT		NAME		
STREET ADDRESS	7902 LUXBURY PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWENS, RUTH		NAME		
STREET ADDRESS	P.O. BOX 271286		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33688		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, RONALD		NAME	T HALL RONALD	
STREET ADDRESS	3422 HUNTERS RUN LN		STREET ADDRESS	3422 HUNTERS RUN LN	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	TAMPA FL 33614	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HICKS, LEE		NAME	V HICKS LEE	
STREET ADDRESS	3428 HUNTERS RUN LN		STREET ADDRESS	3428 Hunters Run Ln	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	S. RALPH DICKSON	
STREET ADDRESS			STREET ADDRESS	DICKSON RALPH	
CITY-ST-ZIP			CITY-ST-ZIP	7905 LUXBURY PLACE	
				TAMPA FL 33614	
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: 		President of HOA		2/28/08 (813) 748-6130	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Date/Time Phone #	



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