

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90215 003 \*\*\*\*61.25

**DOCUMENT # N03793**

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2489449**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDOVER PROPERTIES  
5008 WEST LINEBAUGH AVENUE  
SUITE 15  
TAMPA FL 33624**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE 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  Delete  
NAME **DP**  
NAME **LUIS, ROSA**  
STREET ADDRESS **7907 LUXBURY PLACE**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE  Change  Addition  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **DVP**  
NAME **SMITH ELOISE,**  
STREET ADDRESS **6010 N GUNLOCK AVE**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE  Change  Addition  
NAME **DVP**  
NAME **D'AMICO, JOSEPH JR**  
STREET ADDRESS **3426 HUNTERS RUN LANE**  
CITY-ST-ZIP **TAMPA, FL 33614-2775**

TITLE  Delete  
NAME **DS**  
NAME **LYNN ERNST,**  
STREET ADDRESS **7910 LUXBURY PLACE**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE  Change  Addition  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
NAME **GROVER, CLEMONS**  
STREET ADDRESS **3424 HUNTERS RUN LN**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE  Change  Addition  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T**  
NAME **BUSTER RICHARD,**  
STREET ADDRESS **7903 LUXBURY PLACE**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE  Change  Addition  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: **SIGNATURE REQUIRED** *Shirley J. Luis 2/4/03 (813) 951-5704*

CR2E037 (10/02)