

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91050 036 \*\*\*\*61.25

<b>DOCUMENT # N40740</b> 1. Entity Name <b>HOMEOWNERS ASSOCIATION OF HUNTER'S LAKE INC.</b>			
Principal Place of Business 8410 U.S. 19., STE 105 PORT RICHEY, FL 34668		Mailing Address 8410 U.S. 19., STE 105 PORT RICHEY, FL 34668	
2. Principal Place of Business Suite, Apt. #, etc. <b>10138 U.S. HWY. 19</b>		3. Mailing Address Suite, Apt. #, etc. <b>10138 U.S. HWY. 19</b>	
City & State <b>PORT RICHEY, FL</b>		City & State <b>PORT RICHEY, FL.</b>	
Zip <b>34668</b>	Country	Zip <b>34668</b>	Country
4. FEI Number <b>59-3392270</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SWARTSEL, MARK E</b> <b>8410 U.S. HWY. 19</b> <b>SUITE 105</b> <b>PORT RICHEY, FL 34668</b>		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) <b>10138 U.S. HWY. 19</b> City <b>PORT RICHEY</b> <b>FL</b> Zip Code <b>34668</b>	
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 <b>MARK E. SWARTSEL</b> <b>4-20-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SWARTSEL, MARK E 8410 U.S. 19., STE 105 PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10138 U.S. HWY. 19</b> <b>PORT RICHEY, FL. 34668</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, WILLIAM R JR 8410 U.S. 19., STE 105 PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VICE PRESIDENT</b> <b>WEISS, REGAN S.</b> <b>P.O. BOX 670</b> <b>PORT RICHEY, FL. 34673</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, THOMAS A 8410 U.S. 19., STE 105 PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIRECTOR</b> <b>COUCH, AMANDA</b> <b>12453 SNOWMAN CT.</b> <b>NEW PORT RICHEY, FL. 34654</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESSA, VINCENT 12432 WASATCH CT. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEGREGORIO, PAT P.O. BOX 670 PORT RICHEY, FL 34673 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHELLY, NANCY J 12007 HUNTERS LAKE DR NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SECRETARY</b> <b>VEEN, SUE</b> <b>12345 WASATCH CT.</b> <b>NEW PORT RICHEY, FL. 34654</b>
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: <b>MARK E. SWARTSEL</b> <b>4-20-04</b> <b>727-848-1234</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			