
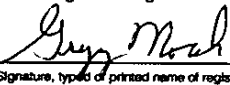
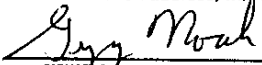


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90220 041 \*\*\*\*61.25

<b>DOCUMENT # N40740</b> 1. Entity Name <b>HOMEOWNERS ASSOCIATION OF HUNTER'S LAKE INC.</b>					
Principal Place of Business <b>12423 BIGHORN COURT NEW PORT RICHEY, FL 34654 US</b>			Mailing Address <b>12423 BIGHORN COURT NEW PORT RICHEY, FL 34654 US</b>		
2. Principal Place of Business - No P.O. Box # <b>12045 Hunters Lake Drive</b>		3. Mailing Address <b>12045 Hunters Lake Drive</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>New Port Richey Florida</b>		City & State <b>New Port Richey Florida</b>		4. FEI Number <b>59-3392270</b>	
Zip <b>34654</b>		Country <b>Pasco</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34654</b>		Country <b>Pasco</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MANTZKE, CHERYL 12423 BIGHORN COURT NEW PORT RICHEY, FL 34654</b>				7. Name and Address of New Registered Agent Name <b>Gregory Nock</b> Street Address (P.O. Box Number is Not Acceptable) <b>12045 Hunters Lake Drive</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34654</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>Gregory Nock</b> <b>Treasurer</b> <span style="float: right;">1/9/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;"><small>DATE</small></span>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MANTZKE, CHERYL</b> <b>12423 BIGHORN COURT</b> <b>NEW PORT RICHEY, FL 34654</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Gregory Nock</b> <b>12045 Hunters Lake Drive</b> <b>New Port Richey Florida 34654</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MULLEN, WILLIAM</b> <b>12403 BIGHORN CT</b> <b>NEW PORT RICHEY, FL 34654</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>James Mallo</b> <b>12031 Hunters Lake Drive</b> <b>New Port Richey Florida 34654</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRIS, PHILIP</b> <b>11906 HUNTERS LAKE DR</b> <b>NEW PORT RICHEY, FL 34654</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Dave Mojica</b> <b>12136 Tasha Ct</b> <b>New Port Richey Florida 34654</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DOMINICK, LESSA</b> <b>12443 BIGHORN CT</b> <b>NEW PORT RICHEY, FL 34654</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Dominick Lessa</b> <b>12443 Bighorn Ct</b> <b>New Port Richey Florida 34654</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANTZKE, WAYNE</b> <b>12423 BIGHORN COURT</b> <b>NEW PORT RICHEY, FL 34654</b>	<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	<b>D</b> <b>ABRAM, VALERIE</b> <b>12214 HUNTERS LAKE DR</b> <b>NEW PORT RICHEY, FL 34654</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Ro Anderson</b> <b>12411 Bighorn Ct</b> <b>New Port Richey Florida 34654</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>Gregory Nock</b> <span style="float: right;">1/9/07</span> <span style="float: right;">727 860 4490</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small></span> <span style="float: right;"><small>Daytime Phone #</small></span>					