


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47931** (3)
1. Corporation Name
HUNTERS' CROSSING P/D OWNERS ASSOCIATION, INC.



Principal Place of Business 5000 NW 27TH CT. STE. C GAINESVILLE FL 32606 US	Mailing Address P.O. BOX 147050 SUITE 30 GAINESVILLE FL 32614-7050 US
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2. Principal Place of Business 21 2830 NW 41 St.	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite F	Suite, Apt. #, etc. 27
City & State 23 Gainesville, FL.	City & State 28
Zip 24 32606	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 03/18/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3178270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SMITH, BEVERLY K. 5000 NW 27TH CT. STE. C GAINESVILLE FL 32606	10. Name and Address of New Registered Agent 81 Name Smith, Beverly K. 82 Street Address (P.O. Box Number is Not Acceptable) 2830 NW 41 St. 83 Suite F 84 City Gainesville FL 85 Zip Code 32606
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WALLACE, HOWARD K		1.2 NAME	
STREET ADDRESS 4509 NW 23RD AVE., STE. 18		1.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MCLEOD, DEBBIE		2.2 NAME	
STREET ADDRESS 4121 NW 37TH PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		2.4 CITY-ST-ZIP	
TITLE STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME MALOOF, RICHARD		3.2 NAME Cubbage, Gilbert S	
STREET ADDRESS 200 - 1ST AVE., N., STE. 204		3.3 STREET ADDRESS 10407 Centurian Parkway N. - Suite 108	
CITY-ST-ZIP ST. PETERSBURG FL		3.4 CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 or as an attachment with an address.

SIGNATURE: _____ 4-30-97 852/317-2240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011982

CR2E037 (9/96)