

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAR 20 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004910 (6)

1. Corporation Name

HUNTER'S GREEN PARCEL 10 NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8709 HUNTER'S GREEN DRIVE
TAMPA FL 33647

8709 HUNTER'S GREEN DRIVE
TAMPA FL 33647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/01/1993	3a. Date of Last Report 04/18/1994
4. FEI Number APPLIED FOR 59-3244766	Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **18902 GREEN PINE LANE**

2a **18902 GREEN PINE LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENE, WILLIAM B
8709 HUNTER'S GREEN DR.
TAMPA FL 33647**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when manufacturing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	GREENE, WM. BRITTON
STREET ADDRESS	8709 HUNTER'S GREEN DRIVE
CITY - ST - ZIP	TAMPA FL 33647
TITLE	DST
NAME	MCMURTRY, NELL L
STREET ADDRESS	8709 HUNTER'S GREEN DRIVE
CITY - ST - ZIP	TAMPA FL 33647
TITLE	D
NAME	BLAKLEY, JOHN C
STREET ADDRESS	8709 HUNTER'S GREEN DRIVE
CITY - ST - ZIP	TAMPA FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(2)(b), 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 thereof and that my signature shall have the same legal effect as if made under oath, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *William B. Greene*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/95