

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N97000006001 (8)**

1. Corporation Name

HUNTER'S KEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4014 GUNN HIGHWAY #250 TAMPA FL 33624	Mailing Address 4014 GUNN HIGHWAY #250 TAMPA FL 33624
---	---

3. Date Incorporated or Qualified 10/23/1997	<input type="checkbox"/> Applied <input type="checkbox"/> Not Applied
4. FEI Number 59-3477142	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	2b. 7001 Temple Terrace
22 City & State	27 Temple Terrace, Florida
23 Zip	28 33637
24 Country	30 USA

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Fee Fee
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 Added to
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GRIFFITH, R S
4014 GUNN HIGHWAY #250
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFITH, R S	
STREET ADDRESS	4014 GUNN HIGHWAY #250	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, STEPHEN M	
STREET ADDRESS	4014 GUNN HIGHWAY #250	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINER, ALFRED	
STREET ADDRESS	4014 GUNN HIGHWAY #250	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 (changed or on an attachment with an address).

SIGNATURE:  1-6-98 (813) 265-3343