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Secretary of State

03-10-1999 90017 025 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000006001

1. Corporation Name

HUNTER'S KEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4014 GUNN HIGHWAY #250
 TAMPA FL 33624

Mailing Address

7001 TEMPLE TERRACE HWY
 TEMPLE TERRACE FL 33637
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/23/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3477142	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRIFFITH, R-S 4014 GUNN HIGHWAY #250 TAMPA FL 33624				81 Name	Tucker, Jr. Stanley Gene		
				82 Street Address (P.O. Box Number is Not Acceptable)	4014 Gunn Highway Suite 250		
				83			
				84 City	Tampa	85 State	FL

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: *[Signature]* Stanley Gene Tucker, Jr. DATE: 2/12/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	RD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFITH, R-S			1.2 NAME	Tucker, Stanley		
STREET ADDRESS	4014 GUNN HIGHWAY #250			1.3 STREET ADDRESS	4014 Gunn Highway Suite 250		
CITY-ST-ZIP	TAMPA FL 33624			1.4 CITY-ST-ZIP	Tampa, FL 33624		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	SVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETT, STEPHEN M			2.2 NAME			
STREET ADDRESS	4014 GUNN HIGHWAY #250			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	UPD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STEINER, ALFRED			3.2 NAME	Bulluck, William		
STREET ADDRESS	4014 GUNN HIGHWAY #250			3.3 STREET ADDRESS	4014 Gunn Highway suite 250		
CITY-ST-ZIP	TAMPA FL 33624			3.4 CITY-ST-ZIP	Tampa, Florida 33624		
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2/12/99 (813) 265-3343 x 256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)