

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90155 019 \*\*\*\*61.25

**DOCUMENT # N97000006001**

1. Entity Name

**HUNTER'S KEY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7001 TEMPLE TERRACE HIGHWAY  
 TEMPLE TERRACE FL 33637

7001 TEMPLE TERRACE HIGHWAY  
 TEMPLE TERRACE FL 33637-5734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3477142**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUARTE, ANTONIO III**  
**11959 N. FLORIDA AVENUE**  
**TAMPA FL 33612**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE <input checked="" type="checkbox"/> Delete NAME <b>D TUCKER, STANLEY</b> STREET ADDRESS <b>4014 GUNN HIGHWAY #250</b> CITY-ST-ZIP <b>TAMPA FL 33624</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>P Joseph Shanklin</b> STREET ADDRESS <b>8669 Hunters Key Circle</b> CITY-ST-ZIP <b>TAMPA FL 33647</b>
TITLE <input checked="" type="checkbox"/> Delete NAME <b>SPD BENNETT, STEPHEN M</b> STREET ADDRESS <b>4014 GUNN HIGHWAY #250</b> CITY-ST-ZIP <b>TAMPA FL 33624</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>S. RUTH BENTLEY</b> STREET ADDRESS <b>8553 HUNTERS KEY CIRCLE</b> CITY-ST-ZIP <b>TAMPA, FL 33647</b>
TITLE <input checked="" type="checkbox"/> Delete NAME <b>VPD BULLOCK, WILLIAM</b> STREET ADDRESS <b>4014 GUNN HIGHWAY #250</b> CITY-ST-ZIP <b>TAMPA FL 33624</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>v.p Steve Renard</b> STREET ADDRESS <b>8611 Hunter Key Circle</b> CITY-ST-ZIP <b>TAMPA FL 33647</b>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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12. 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 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.

SIGNATURE: *Joseph Shanklin* 4/12/00 980-1000 ext 224  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)