

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90044 006 ****61.25

DOCUMENT # N97000006001
 1. Entity Name
 HUNTER'S KEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 7001 TEMPLE TERRACE HIGHWAY
 TEMPLE TERRACE, FL 33637

Mailing Address
 7001 TEMPLE TERRACE HIGHWAY
 TEMPLE TERRACE, FL 33637



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03112004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3477142

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 DUARTE, ANTONIO-III
 11959 N. FLORIDA AVENUE
 TAMPA, FL 33612

7. Name and Address of New Registered Agent
 Name: ADDRESS CHANGE
 Street Ad: 6221 LAND O LAKES BLVD
 LAND O LAKES, FL 34639
 City: 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: RENARD, STEVE STREET ADDRESS: 8611 HUNTERS KEY CIRCLE CITY-ST-ZIP: TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE: STD NAME: HARRISINGH, LAWRENCE STREET ADDRESS: 8662 HUNTERS KEY CIRCLE CITY-ST-ZIP: TAMPA FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: RENARD, STEVE STREET ADDRESS: 8611 HUNTERS KEY CIRCLE CITY-ST-ZIP: TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: WONG-PALMS, SHIRLEY STREET ADDRESS: 8657 HUNTER'S KEY CIRCLE CITY-ST-ZIP: TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE: PD NAME: WONG-PALMS, SHIRLEY STREET ADDRESS: 8657 HUNTERS KEY CIRCLE CITY-ST-ZIP: TAMPA FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: GROLEMOND, ERIC STREET ADDRESS: 8658 HUNTERS KEY CIRCLE CITY-ST-ZIP: TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: REHAK, JOSEPH STREET ADDRESS: 8617 HUNTERS KEY CIRCLE CITY-ST-ZIP: TAMPA FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Shirley Wong-Palms SHIRLEY WONG-PALMS 3/23/04 813-972-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #