


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90025 020 \*\*\*\*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**

40012757



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

01042007 Chg-NP CR2E037 (12/06)

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  
6221 LAND O LAKES BVLD.  
LAND O LAKES, FL 34639**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE **STD**  Delete  
NAME **HARRISING, LAWRENCE**  
STREET ADDRESS **8662 HUNTERS KEY CIR.**  
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **PD**  Delete  
NAME **WONG-PALMS, SHIRLEY**  
STREET ADDRESS **8657 HUNTERS KEY CIR.**  
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **VPD**  Delete  
NAME **REHAK, JOSEPH**  
STREET ADDRESS **8617 HUNTERS KEY CIR.**  
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD**  Change  Addition  
NAME **SASLOW, LAUREN**  
STREET ADDRESS **8663 HUNTERS KEY CIR**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD**  Change  Addition  
NAME **KING, MICHELLE**  
STREET ADDRESS **18251 CLEAR LAKE DRIVE**  
CITY-ST-ZIP **TAMPA, FL 33548**

TITLE\*  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **1/29/07** **813-979-2266**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RECEIVED JAN 31 2007