

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006001

FILED
Jan 14, 2009
Secretary of State**Entity Name:** HUNTER'S KEY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7001 TEMPLE TERRACE HIGHWAY
TEMPLE TERRACE, FL 33637**New Principal Place of Business:****Current Mailing Address:**7001 TEMPLE TERRACE HIGHWAY
TEMPLE TERRACE, FL 33637**New Mailing Address:**

FEI Number: 59-3477142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DUARTE, ANTONIO III
6221 LAND O LAKES BLVD.
LAND O LAKES, FL 34639 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: SASLOW, LAUREN
Address: 8663 HUNTERS KEY CR.
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: WONG-PALMS, SHIRLEY
Address: 8657 HUNTERS KEY CIR.
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: KING, MICHELLE
Address: 18251 CLEAR LAKE DR
City-St-Zip: TAMPA, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SASLOW, LAUREN
Address: 8663 HUNTERS KEY CR.
City-St-Zip: TAMPA, FL 33647

Title: SD (X) Change () Addition
Name: SCHWINDT, STEPHANIE
Address: 8564 HUNTERS KEY CIR.
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREN SASLOW

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01/14/2009

Electronic Signature of Signing Officer or Director

Date