SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07-23-1999 90008 019 ****61.25
99 AUG -5 AM 10:45

DOCUMENT # N97000006432

1. Corporation Name
HUNTER'S GLEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6801 BAYSHORE RD N FT MYERS FL 33917	6801 BAYSHORE RD N FT MYERS FL 33917

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 11/03/1997

4. FEI Number: APPLIED FOR — ☐ Applied For ☐ Not Applicable

CS-823034

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PRITCHETT, RICHARD H III
6801 BAYSHORE RD
N FT MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRITCHETT, RICHARD H III		1.2 NAME		
STREET ADDRESS	6801 BAYSHORE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL 33917		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DANIEL, GINGER		2.2 NAME		
STREET ADDRESS	6801 BAYSHORE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL 33917		2.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PETERS, ANNE		3.2 NAME		
STREET ADDRESS	6801 BAYSHORE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL 33917		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRITCHETT, RICHARD H III		4.2 NAME		
STREET ADDRESS	6801 BAYSHORE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL 33917		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRITCHETT GREEN, ELIZABETH		5.2 NAME		
STREET ADDRESS	P.O. BOX 176 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANTE FE NM 87504		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PRITCHETT PLATT, WYTHE		6.2 NAME		
STREET ADDRESS	466 RANCHITO VISTA		6.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA 93108		6.4 CITY-ST-ZIP		

$8.75

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: [illegible] **REQUIRED** 7-7-99 941-5433434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)