

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N13485 (0)**

1. Corporation Name

**HUNTER'S CREEK COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**13801 TOWN LOOP BLVD.  
ORLANDO FL 32837  
US**

**13801 TOWN LOOP BLVD  
ORLANDO FL 32837  
US**

3. Date Incorporated or Qualified

**02/19/1986**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CURRY, JAMES PATRICK  
1900 SUMMIT TOWER BLVD  
STE 800  
ORLANDO FL 32810**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                                             |                                            |
|----------------|-------------------------------------------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                                                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>GATLIN, ROGER O</b>                                      |                                            |
| STREET ADDRESS | <b><del>7600 SOUTHLAND BLVD</del> 13801 Town Loop Blvd.</b> |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL 32837</b>                                     |                                            |
| TITLE          | <b>D</b>                                                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>MILLER, JAMES J</b>                                      |                                            |
| STREET ADDRESS | <b><del>7600 SOUTHLAND BLVD</del> 13801 Town Loop Blvd.</b> |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL 32837</b>                                     |                                            |
| TITLE          | <b>D</b>                                                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b><del>HABERMAN, GERARD E</del></b>                        |                                            |
| STREET ADDRESS | <b><del>7600 SOUTHLAND BLVD</del></b>                       |                                            |
| CITY-ST-ZIP    | <b><del>ORLANDO FL</del></b>                                |                                            |
| TITLE          | <b>D</b>                                                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>SUTHERLAND, KAREN</b>                                    |                                            |
| STREET ADDRESS | <b><del>7600 SOUTHLAND BLVD</del> 13801 Town Loop Blvd.</b> |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL 32837</b>                                     |                                            |
| TITLE          | <b>D</b>                                                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>CALLENDER, JACK</b>                                      |                                            |
| STREET ADDRESS | <b><del>14576 POTANOW TRAIL</del> 13801 Town Loop Blvd.</b> |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL 32837</b>                                     |                                            |
| TITLE          |                                                             | <input type="checkbox"/> DELETE            |
| NAME           |                                                             |                                            |
| STREET ADDRESS |                                                             |                                            |
| CITY-ST-ZIP    |                                                             |                                            |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>Wallace, Laurin</b>                                                       |
| 1.3 STREET ADDRESS | <b>13801 Town Loop Blvd.</b>                                                 |
| 1.4 CITY-ST-ZIP    | <b>Orlando, FL 32837</b>                                                     |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Mongoven, John</b>                                                        |
| 2.3 STREET ADDRESS | <b>13801 Town Loop Blvd.</b>                                                 |
| 2.4 CITY-ST-ZIP    | <b>Orlando, FL 32837</b>                                                     |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>Palant, Charles</b>                                                       |
| 3.3 STREET ADDRESS | <b>13801 Town Loop Blvd.</b>                                                 |
| 3.4 CITY-ST-ZIP    | <b>Orlando, FL 32837</b>                                                     |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY-ST-ZIP    |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

**Roger O. Gatlin, Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/30/96**  
**407/859-8350**

CR2E037 (12/95)