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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

* 3 7 3 7 2 4 *
373724 - 90061 - 49

DOCUMENT # **N13485**

1. Corporation Name
HUNTER'S CREEK COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5100 TOWN CENTER BLVD ORLANDO FL 32837 US	5100 TOWN CENTER BLVD ORLANDO FL 32837 US

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: 02/19/1986

4. FEI Number: 59-2730786 ☐ Applied For ☐ Not Applicable

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

TAYLOR, ROBERT L
1900 SUMMIT TOWER BLVD
~~SUITE 800~~
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 820
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	P	☐ DELETE	11 TITLE	DP	☒ Change ☐ Addition
NAME	GATLIN, ROGER O		12 NAME		
STREET ADDRESS	5100 TOWN CENTER BLVD		13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		14 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	21 TITLE	VP D	☒ Change ☐ Addition
NAME	PALANT, CHARLES		22 NAME		
STREET ADDRESS	5100 TOWN CENTER BLVD		23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE	SEC D	☒ Change ☐ Addition
NAME	CAVARETTA, CHUCK		32 NAME	CAVARETTA, CHUCK	
STREET ADDRESS	5100 TOWN CENTER BLVD		33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		34 CITY-ST-ZIP		
TITLE	D	☒ DELETE	41 TITLE	VP D	☐ Change ☒ Addition
NAME	SUTHERLAND, KAREN		42 NAME	LARRY SCOTT	
STREET ADDRESS	5100 TOWN CENTER BLVD		43 STREET ADDRESS	5100 TOWN CENTER BLVD	
CITY-ST-ZIP	ORLANDO FL 32837		44 CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	☐ DELETE	51 TITLE	VP D	☒ Change ☐ Addition
NAME	CALLENDER, JACK		52 NAME		
STREET ADDRESS	5100 TOWN CENTER BLVD		53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE	TR D	☐ Change ☒ Addition
NAME	MONGOVEN, JOHN		62 NAME	ELLIE FALL	
STREET ADDRESS	5100 TOWN CENTER BLVD		63 STREET ADDRESS	5100 TOWN CENTER BLVD.	
CITY-ST-ZIP	ORLANDO FL 32837		64 CITY-ST-ZIP	ORLANDO, FL 32837	

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: _____ 3-5-99 407-851-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLES J. PALANT

CR2E037 (11/96)