

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13485

**Entity Name:** HUNTER'S CREEK COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**14101 TOWN LOOP BLVD.  
ORLANDO, FL 32837**Current Mailing Address:**14101 TOWN LOOP BLVD.  
ORLANDO, FL 32837 US**FEI Number:** 59-2730786**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF P.A.  
111 N. ORANGE AVE.  
SUITE 1400  
ORLANDO, FL 32801 US*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ANDERS, ROBERT  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            TREASURER  
Name            ALGER, RAY  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            SECRETARY  
Name            HERRON, LIZZETTE  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            VP  
Name            SMITH, RHONDA  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            DIRECTOR  
Name            DEL PRINCE, DENNY  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            DIRECTOR  
Name            SCHMIDT, DIANE  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            DIRECTOR  
Name            MCDANIEL, LYNN  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            DIRECTOR  
Name            WINEMILLER, GWEN  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT ANDERS

PRESIDENT

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	THIELMANN, MATT
Address	14101 TOWN LOOP BLVD.
City-State-Zip:	ORLANDO FL 32837