

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 557462

FILED
Apr 23, 2009
Secretary of State

Entity Name: HUNTERS COVE RECREATIONS, INC.

Current Principal Place of Business:

2907 SPANIEL LANE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1147
SEFFNER, FL 33583 US

New Mailing Address:

FEI Number: 59-1826851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZALE, ALAN
906 SETTER CT
SEFFNER, FL 33584 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOFFOWER, ROBERT
Address: 2902 SPANIEL LANE
City-St-Zip: SEFFNER, FL 33584

Title: V () Delete
Name: MITCHELL, JOHN
Address: 2905 POINTER PLACE
City-St-Zip: SEFFNER, FL 33584

Title: PE () Delete
Name: HIGH, JAMES
Address: 905 SETTER COURT
City-St-Zip: SEFFNER, FL 33584

Title: S () Delete
Name: BECK, JANE
Address: 2905 SPANIEL LANE
City-St-Zip: SEFFNER, FL 33584

Title: T () Delete
Name: FAMEREE, JODY
Address: 906 RETRIEVER AVE
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HIGH, JIM
Address: 2902 SPANIEL LANE
City-St-Zip: SEFFNER, FL 33584

Title: V (X) Change () Addition
Name: MITCHELL, JOHN
Address: 905 SETTER COURT
City-St-Zip: SEFFNER, FL 33584

Title: PE (X) Change () Addition
Name: HILL, COLEMAN
Address: 2803 BEAGLE PL
City-St-Zip: SEFFNER, FL 33584

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODY FAMEREE

T

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date