


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90032 007 ****61.25

DOCUMENT # 762513	
1. Entity Name HUNTER SPRINGS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 100 BAYSHORE DRIVE UNIT 104 CRYSTAL RIVER, FL 34429 US	Mailing Address PO BOX 490 CRYSTAL RIVER, FL 34423 US
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40018960



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02142007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2441682	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BARNES & COHEN 441 NE 1ST STREET CRYSTAL RIVER, FL 34429	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, JOHN M	NAME	
STREET ADDRESS	100 BAYSHORE DRIVE #204	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLINSON, CANDACE D	NAME	
STREET ADDRESS	100 BAYSHORE DR #105	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDRICK, STEVEN	NAME	
STREET ADDRESS	2107 SE 13TH ST	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNET, TIM	NAME	VP MIKE NEEDHAM
STREET ADDRESS	100 BAYSHORE DR. # 205	STREET ADDRESS	100 BAYSHORE DR. #101
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, THOS	NAME	
STREET ADDRESS	3008 SW 34 TERR	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34474	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVITA, NICHOLAS	NAME	
STREET ADDRESS	930 NE 168 STREET	STREET ADDRESS	
CITY-ST-ZIP	CITRA, FL 32113	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date: 2/15/07	Daytime Phone #
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