

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762513

FILED
Apr 13, 2009
Secretary of State

Entity Name: HUNTER SPRINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 BAYSHORE DRIVE
UNIT 104
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

100 BAYSHORE DRIVE
UNIT 100
CRYSTAL RIVER, FL 34429 US

Current Mailing Address:

PO BOX 490
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

FEI Number: 59-2441682 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARNES & COHEN
441 NE 1ST STREET
CRYSTAL RIVER, FL 34429 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCCORMICK, JOHN M
Address: 100 BAYSHORE DRIVE #204
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SD () Delete
Name: NEEDHAM, WINSTON
Address: 2139 SE 7TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: DT () Delete
Name: REDRICK, STEVEN
Address: 2107 SE 13TH ST
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: NEEDHAM, THOMAS
Address: 4461 NE 4TH STREET
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: DEVITA, NICHOLAS
Address: 930 NE 168 STREET
City-St-Zip: CITRA, FL 32113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: MCCORMICK, JOHN M
Address: 100 BAYSHORE DRIVE #204
City-St-Zip: CRYSTAL RIVER, FL 34429

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

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

Title: PD (X) Change () Addition
Name: NEEDHAM, THOMAS
Address: 4461 NE 4TH STREET
City-St-Zip: OCALA, FL 34470

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

SIGNATURE: STEVEN REDRICK

DT

04/13/2009

Electronic Signature of Signing Officer or Director

Date