2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2007
Secretary of State

DOCUMENT# 771307

Entity Name: HUNTER'S LAKE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 272501
TAMPA, FL 33688

New Principal Place of Business:

3402 BROOKSHIRE COURT
TAMPA, FL 33688

Current Mailing Address:

P.O. BOX 272501
TAMPA, FL 33688

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, JOSEPH W.
3333 FOXRIDGE CIRCLE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

COX, JOSEPH W
3333 FOXRIDGE CIRCLE
TAMPA, FL 33618 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: JOSEPH W COX 03/24/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: COX, JOSEPH W.
Address: 3333 FOXRIDGE CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: PD ( ) Delete
Name: NICHOLS, JAY
Address: 3402 BROOKSHIRE COURT
City-St-Zip: TAMPA, FL 33618

Title: VP ( ) Delete
Name: TYLER, PAUL
Address: 3338 FOXRIDGE CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: TOLLINGER, NED
Address: 3201 HEATHERBROOK WAY
City-St-Zip: TAMPA, FL 33618

Title: SD ( ) Delete
Name: LOPER, JOHN
Address: 3827 FOXRIDGE CIRCLE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: COX, JOSEPH W
Address: 3333 FOXRIDGE CIRCLE
City-St-Zip: TAMPA, FL 33618

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

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

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

Title: SD (X) Change ( ) Addition
Name: HARRIS, KAREN
Address: 3311 FOXRIDGE CIRCLE
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH W COX TD 03/24/2007
Electronic Signature of Signing Officer or Director Date