

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771307

FILED  
May 13, 2008  
Secretary of State

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

**Current Principal Place of Business:**

3402 BROOKSHIRE COURT  
TAMPA, FL 33688

**New Principal Place of Business:**

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**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: \_\_\_\_\_

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 (X) 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: HARRIS, KAREN  
Address: 3311 FOXRIDGE CIRCLE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ( ) 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: JOSEPH W COX

TD

05/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date