## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004678

FILED Apr 15, 2009 Secretary of State

Entity Name: HUNTERS GROVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
401 N. PARSONS AVENUE SUITE 106B			401 N. PARSONS SUITE 106A	401 N. PARSONS AVENUE SUITE 106A	
BRANDON, FL 33510			BRANDON, FL 33	BRANDON, FL 33510	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
P.O. BOX 377 KATHLEEN, FL 33849				401 N. PARSONS AVE., STE 106A BRANDON, FL 33510	
El Number:	: 20-1110135	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Addres	ss of New Registered Agent:	
SANDYNE ENTERPRISES, INC 401 N. PARSONS AVENUE SUITE 106B BRANDON, FL 33510 US			401 N. PARSONS SUITE 106A	SANDYNE ENTERPRISES, INC 401 N. PARSONS AVENUE SUITE 106A BRANDON, FL 33510 US	
	named entity e of Florida.	submits this statement for the p	urpose of changing its regist	ered office or registered agent, or both,	
BIGNATURE:				04/15/2009	
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Fitle: Name: Address: City-St-Zip:	JAMES, TIMOT	S GREENE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	WIGGINS, TER	S GREENE DRIVE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Fitle: Name: Address: City-St-Zip:	JAMES, CARL	S GREENE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	MEADOWS, R	S GREENE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	BYWALSKI, M	D GREENE CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
	D (	) Delete EORGE	Title: Name:	( ) Change ( ) Addition	

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: SANDRA NORMAN-JOHNSTON RA 04/15/2009