

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 8:00 am**  
**Secretary of State**

02-03-2004 90012 035 \*\*\*\*61.25

**DOCUMENT # N02000003486**

1. Entity Name  
**HUNTING CREEK MULTI-FAMILY HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**8105 STATE RD 54  
NEW PORT RICHEY, FL 34655**

Mailing Address  
**8105 STATE RD 54  
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>82-0542037</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PATRICIA O. BUCK  
8105 STATE RD 54  
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

1300 DP  
0000 BUCK, PATRICIA O  
11100 8105 STATE RD 54  
YK0011650 NEW PORT RICHEY, FL 34655

1300 DS  
0000 ORSI, JULIE  
11100 8105 STATE RD 54  
YK0011650 NEW PORT RICHEY, FL 34655

1300 DVT  
0000 ORSI, DEBORAH  
11100 8105 STATE RD 54  
YK0011650 NEW PORT RICHEY, FL 34655

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Julie Orsi* Julie Orsi

Date

1/14/04 (27)375-  
Daytime Phone # 1414