2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003486

FILED Apr 30, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

5901 US 19 N 8245 CRESCENT MOON DR. STE 7Q NEW PORT RICHEY, FL 34655

NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

5901 US 19 N PO BOX 1714 STE 7Q ELFERS, FL 34680

NEW PORT RICHEY, FL 34652

FEI Number: 82-0542037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

QUALIFIED PROPERTY MANAGEMENT, INC.

5901 US 19 N

STE 7Q

YEAGER, STEPHEN R

8245 CRESCENT MOON DR.

NEW PORT RICHEY, FL 34655 US

STE 7Q NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655

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: STEPHEN R YEAGER 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CALABRESE, PAT Name: YEAGER, STEPHEN

Address: 5901 US 19 N, STE 7Q Address: 8245 CRESCENT MOON DR.

City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VD () Delete Title: TD (X) Change () Addition Name: DELELLIS, DAVID Name: HERMAN, KELLY

Address: 5901 US 19 N, STE 7Q Address: 3526 HERON ISLAND DR.
City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD () Delete Title: SD (X) Change () Addition Name: BOGGESS, BEVERLY Name: MITSIS, GEORGE

Address: 5901 US 19 N, STE 7Q Address: 3523 FORAY LANE

City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD (X) Delete Title: () Change () Addition

 Name:
 MILIOTIS, JENNY
 Name:

 Address:
 5901 US 19 N, STE 7Q
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 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: STEPHEN R YEAGER PD 04/30/2008