

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003486

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

8245 CRESCENT MOON DR.
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

Current Mailing Address:

PO BOX 1714
ELFERS, FL 34680

New Mailing Address:

5837 TROUBLE CREEK RD
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:

YEAGER, STEPHEN R
8245 CRESCENT MOON DR.
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 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: KIM JOHNSON, PRESIDENT

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YEAGER, STEPHEN
Address: 8245 CRESCENT MOON DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: HERMAN, KELLY
Address: 3526 HERON ISLAND DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD () Delete
Name: MITSIS, GEORGE
Address: 3523 FORAY LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

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:

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: KELLY HERMON

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date