

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007453

FILED
Jul 13, 2004
Secretary of State

Entity Name: STAR LAKE HUNT CLUB, INC.

Current Principal Place of Business:

16329 SE 207TH ST.
LOCHLOOSA, FL 32662

New Principal Place of Business:

Current Mailing Address:

16329 SE 207TH ST.
LOCHLOOSA, FL 32662

New Mailing Address:

FEI Number: 68-0524802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSELS, REBECCA
16329 SE 207TH ST.
LOCHLOOSA, FL 32662

Name and Address of New Registered Agent:

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: D () Delete
Name: BECKHAM, H.L.
Address: P.O. BOX 472
City-St-Zip: HAWTHORNE, FL 32640

Title: VD () Delete
Name: CASSELS, RAYMOND
Address: P.O. BOX 71
City-St-Zip: LOCHLOOSA, FL 32662

Title: STD () Delete
Name: CASSELS, REBECCA
Address: P.O. BOX 144
City-St-Zip: LOCHLOOSA, FL 32662

Title: PD () Delete
Name: CROMWELL, BARBARA J
Address: P.O. BOX 22
City-St-Zip: LOCHLOOSA, FL 32662

Title: D () Delete
Name: EVANS, TOMMY
Address: P.O. BOX
City-St-Zip: ISLAND GROVE, FL 32654

Title: D () Delete
Name: MCMEEKIN, JOE
Address: P.O. BOX 2038
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CASSELS, RAYMOND
Address: P.O. BOX 71
City-St-Zip: LOCHLOOSA, FL 32662

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CROMWELL, BARBARA J
Address: P.O. BOX 22
City-St-Zip: LOCHLOOSA, FL 32662

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 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 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: REBECCA CASSELS

STD

07/13/2004

Electronic Signature of Signing Officer or Director

Date