## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009805

FILED Apr 20, 2005 Secretary of State

Entity Name: HUNTING CREEK COMMERCIAL PROPERTY OWNER'S ASSOCIATION, INC.

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

8105 S.R. 54

NEW PORT RICHEY, FL 34655

Current Mailing Address: New Mailing Address:

8105 S.R. 54 BROEDELL PLUMBING SUPPLY INC NEW PORT RICHEY, FL 34655 BROEDELL PLUMBING SUPPLY INC 1601 COMMERCE LANE SUITE 100

JUPITER, FL 33458

FEI Number: 03-0497231 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:

BUCK, PATRICIA O

8105 S.R. 54

NEW PORT RICHEY, FL 34655

US

JOHN, BROEDELL F

1601 COMMERCE LANE

SUITE 100

JUPITER, FL 33458 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: JOHN F BROEDELL 04/20/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 BUCK, PATRICIA O
 Name:
 BROEDELL, JOHN F

 Address:
 8105 S.R. 54
 Address:
 1601 COMMERCE LANE

 City-St-Zip:
 NEW PORT RICHEY, FL 34655
 City-St-Zip:
 JUPITER, FL 33458

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

Name: ORSI, DEBORAH Name: MILLER, GLENN

 Address:
 8105 S.R. 54
 Address:
 5147 ISLEWORTH C. C. DRIVE

 City-St-Zip:
 NEW PORT RICHEY, FL 34655
 City-St-Zip:
 WINDERMERE, FL 34786

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

 Name:
 ORSI, JULIE
 Name:
 MEARS, JOHN M

 Address:
 8105 S.R. 54
 Address:
 1601 COMMERCE LANE

 City-St-Zip:
 NEW PORT RICHEY, FL 34655
 City-St-Zip:
 JUPITER, FL 33458

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: JOHN M MEARS STD 04/20/2005