

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

07-15-2004 90005 009 ****70.00

DOCUMENT # N03000006052					
1. Entity Name THE HUNT CLUB AT FOX POINT OWNER'S ASSOCIATION, INC.					
Principal Place of Business % WESTWOOD PARTNERSHIP, LLP 5655 SOUTHWEST EVANS DRIVE STUART, FL 34997			Mailing Address % WESTWOOD PARTNERSHIP, LLP 5655 SOUTHWEST EVANS DRIVE STUART, FL 34997		
2. Principal Place of Business 6144 SW 5A200		3. Mailing Address SAME ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OCALA FL		City & State		4. FEI Number 04-3785272	
Zip 34476		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAWROSKI, GREG 6144 SOUTHWEST STATE ROAD 200 OCALA, FL 34476			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			State FL Zip Code		
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 <u>X GREG LAWROSKI</u> <u>X 7-12-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SANBORN, JAMES E 10907 SOUTHWEST 58TH AVENUE ROAD OCALA, FL 34476				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete FARINA, MICHAEL R FIVE COLD HILL ROAD SOUTH, SUITE 3 MENDHAM, NJ 07945				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete LAWROSKI, GREG 6144 SOUTHWEST STATE ROAD 200 OCALA, FL 34476				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>MICHAEL R. FARINA</u> <u>7/12/04</u> <u>773-543</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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