2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # N03000009451 1. Entity Name 04-02-2004 90030 020 ****61.25 PROFESSIONAL PARK AT HUNTER'S GREEN CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1420 SOUTH BANANA RIVER DRIVE 1420 SOUTH BANANA RIVER DRIVE MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 66413492 2. Principal Place of Business 3. Mailing Address 1420 S. Banara 1420 S. BANANARIVES Kiua Dr Suite, Apt. #, etc. Suite. Apt. #. etc. MOORE CR2E037 (11/03) Applied For 4. FEi Number City & State City & State Merritt Islamo Not Applicable lan o Muscitt Country \$8.75 Additional 32952 LSA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE RISO, JAMES A 1420 SOUTH BANANA RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND FL 32952 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 (NOTE: Registered Agent signature required when rainstating) Signature, typed or printed partie of registered agent and title if applicable Make Check Payable to FILE NOW: FEE (\$ \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Addition TITLE Delete DE RISO, JAMES A NAME NAME 1420 SOUTH BANANA RIVER DRIVE STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance TATLE Delete TITLE CAETANO, JOSEPH P NAME NAME 1420 SOUTH BANANA RIVER DRIVE STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP CITY-ST-70 Addition Change Delete -GOGGIN, VICKI NAME NAME 1420'SOUTH BANANA RIVER DRIVE STREET ADDRES STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP CITY-ST-ZE - - Addition-TITLE Delete TITLE - Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP City-ST-ZiP ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-ZIP 12. Thereby 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:

FILED