

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03793

FILED
Jan 17, 2005
Secretary of State

Entity Name: HUNTERS RUN I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ANDOVER PROPERTIES, INC.
5008 W. LINEBAUGH AVE. #15
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

C/O ANDOVER PROPERTIES, INC.
5008 W. LINEBAUGH AVE. #15
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 59-2489449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDOVER PROPERTIES
5008 WEST LINEBAUGH AVENUE
SUITE 15
TAMPA, FL 33624 US

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: DP () Delete
Name: OSBORN, MARK
Address: 7901 LUXBURY PLACE
City-St-Zip: TAMPA, FL 33614

Title: DS () Delete
Name: EBERT, JR., OTIS
Address: 3450 HUNTERS RUN LANE
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: OSBORN, LYNN
Address: 3416 HUNTERS RUN LANE
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: BUSTER RICHARD,
Address: 7903 LUXBURY PLACE
City-St-Zip: TAMPA, FL 33614

Title: DVP () Delete
Name: FAIRCHILD, TAT
Address: 7902 LUXBURY PLACE
City-St-Zip: TAMPA, FL 336142775

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:

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

Title: DVP (X) Change () Addition
Name: FAIRCHILD, PAT
Address: 7902 LUXBURY PLACE
City-St-Zip: TAMPA, FL 336142775

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: TIM E. PRICE

RA

01/17/2005

Electronic Signature of Signing Officer or Director

Date