2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N04584

Entity Name: HUNTER'S TRACE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2640814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: SCHERO, LESLIE
Address: 3625 STONEHAVEN CT
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete
Name: DE PEDRO, JOSE
Address: 9821 TATTERSALL AVE
City-St-Zip: ORLANDO, FL 32817

Title: SD ( ) Delete
Name: PALULIS, VICTOR
Address: 9733 LANDOWNE CT
City-St-Zip: ORLANDO, FL 32817

Title: TD ( ) Delete
Name: KNEZOVICH, BOB
Address: 3632 DAVENTRY CT
City-St-Zip: ORLANDO, FL 32817

Title: VPD ( ) Delete
Name: RODRIGUEZ, YVONNE
Address: 9961 KENDAL DR
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: RIVERA, JUDITH S
Address: 3786 DUNWICH AVE
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Change ( ) Addition
Name: PALULIS, VICTOR
Address: 9733 LANDOWNE CT
City-St-Zip: ORLANDO, FL 32817

Title: SD (X) Change ( ) Addition
Name: ALBRECHT, LUCY
Address: 3745 DUNWICH AVE
City-St-Zip: ORLANDO, FL 32817

Title: TD (X) Change ( ) Addition
Name: GOINS, TERRY
Address: 9954 KENDAL DR
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LESLIE SCHERO PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date