2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State
08-25-2008 90001 028 ****61.25

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DOCUMENT # N06000001659

1. Entity Name
HUNTERS WALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256 US	9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256 US

07182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5455 A1A South	5455 A1A South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32080 Country: USA	Zip: 32080 Country: USA

4. FEI Number ~~APPLIED FOR~~ 20-4400909 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEARING, MARK C 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	Name: MAY Management Services Street Address (P.O. Box Number is Not Acceptable): 5455 A1A South City: St. Augustine FL Zip Code: 32080

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: Cynthia H Neil 7/21/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ZAKOSKE, JOHN 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PORTER, ROBERT 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DEARING, MARK C. 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAST RESTALL, SHELBY R 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAST KNOX, LINNETTE C 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] MARK DEARING, Vice Pres 7/25/08 268-2845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #