

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001659

FILED
Apr 22, 2009
Secretary of State

Entity Name: HUNTERS WALK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

New Principal Place of Business:

5455 A1A SOUTH
SUITE 3
SAINT AUGUSTINE, FL 32080 US

Current Mailing Address:

5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

New Mailing Address:

% MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH, SUITE 3
SAINT AUGUSTINE, FL 32080 US

FEI Number: 20-4400909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SUITE 3
SAINT AUGUSTINE, FL 32080 US

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: ANNA MARKS

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ZAKOSKE, JOHN
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DST () Delete
Name: PORTER, ROBERT
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DVP () Delete
Name: DEARING, MARK C.
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZAKOSKE, JOHN
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: VP (X) Change () Addition
Name: DEARING, MARK C
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32256 US

Title: S (X) Change () Addition
Name: PORTER, ROBERT
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32256 US

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: MARK DEARING

VP

04/22/2009

Electronic Signature of Signing Officer or Director

Date