

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003322

FILED  
Jul 01, 2009  
Secretary of State

Entity Name: HUNTER'S PLACE, INC.

**Current Principal Place of Business:**

135 S.E. MARTIN AVENUE  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**  
135 S.E. MARTIN AVENUE  
STUART, FL 34996

**New Mailing Address:**

FEI Number: 26-2379057      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**      **Name and Address of New Registered Agent:**

HOLLIDAY, FRANCES P  
135 S.E. MARTIN AVENUE  
STUART, FL 34996 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOLLIDAY, FRANCES P  
Address: 135 S.E. MARTIN AVENUE  
City-St-Zip: STUART, FL 34996

Title: PD ( ) Delete  
Name: HURCHALLA, GRETCHEN  
Address: 202 SE EDGEWOOD DR  
City-St-Zip: STUART, FL 34996

Title: STD ( ) Delete  
Name: BOOTH, BARBARA  
Address: 821 SE STAFFORD DR  
City-St-Zip: STUART, FL 34996

**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:

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: FRANCES PALMER HOLLIDAY

DIR.

07/01/2009

Electronic Signature of Signing Officer or Director

Date