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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N12142

(8)

HUNTERS' CHASE CONDOMINIUM ASSOCIATION, INC.

Principal Place	of Business	Mailing Address	Vailing Address				IN OIDH BINN N	AH OHOU BHAN DHAN I	
142 WILSHIRE BLVD CASSELBERRY FL 32707 US		142 WILSHIRE BLVD CASSELBERRY FL 32707 US							
						3. Date Incorporated or Qualified 11/18/1985	3a. Date of Last Report 05/01/1995		
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2883039		Applied For Not Applica	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$	8.75 Additiona Fee Required	şl
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Z _I p	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes [] No			
	9. Name and Address of Current					10. Name and Address of New Registered Agent			
	PAUL			81	Name				
FRANK PUAL BARBER DEER RUN REALTY & MANAGEMENT, INC				82	Street Ade	Address (P.O. Box Number is Not Acceptable)			
142 WIL	SHIRE BLVD			83					
CASSEL	BERRY FL 32707			84	City	/ /	FL 8	5 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE Signature, types or printed name of registered agent a stitlle if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND	·				ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTORS IN 12	
TITLE	PD	DELETE	1.1 THL		5	SECY/D		hange 🔲 Additi	ion
NAME			1.2 N/	1.2 NAME		•	//	TLE	
STREET ADDRESS CITY+ST-ZIP	955 NORTHERN DANCER 103 CASSELBERRY FL		1.3 STI 1.4 CH		ADDRESS T-ZIP				
TITLE	VD ⊠DELETE 2.1 I			1	VPIO		hange 🔲 Additi	ion	
NAME	STEINKRAUS, ANN		2.2 NAM			LORRAINE MC GRATH W	005		
STREET ADDRESS	930 NORTHERN DANCER 100		2.3 STRE			995 NURTHERN DANCER 205			
CITY-ST-ZIP	CASSELBERRY FL		2. 4 CITY			CASSELBERRY, FL 32707			
TITLE			3.1 TITLE D			⊠ 0	hange 🔲 Additi	on	
NAME	EMMONS, LOIS		3.2 NAN		1	DONALD OLSON 1141 EXCELLER CT *101			
STREET ADDRESS	910 NORTHERN DANCER 104 CASSELBERRY FL		- It			CASSELBERRY, FL 32707			
CITY-ST-ZIP TITLE	D	DELETE	3.4. C		11-ZIP (PRES/D		hange Additi	ion
NAME	WICKIZER, LINN	La Decerte	4. 2 N		'	1100/10	77	กย	V.,
STREET ADDRESS	910 NORTHERN DANCER 106		4.3 STREE		ADDRESS				
CITY-ST-ZIP	CASSELBERRY FL		4.4 CITY-						
TITLE	TD	⊠ DELETE	5.1 TI			REAS D	⊠) C	hange 🔲 Additi	ion
NAME	DE PALMA, PJ		5.2 NAM		(CAROLYN SMITH PETERS			
STREET ADDRESS	910 NORTHERN DANCER #10	2	5.3 STF			1141 EXCEUER CT, # 103			
CITY-ST-ZIP	CASSELBERRY FL		5.4 CI		T-ZIP (CASSELBERRY, FL 3270			
TITLE		DELETE	6.1 TITI			-	□ c	hange	on
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	REET	ADDRESS				
CITY-ST-ZIP 6.41 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and				TY-S		for the exemption stated in Postion 140.0	7/2)/L\ Elarida	Statutos I furtha	\r
1-1 TO 110100	л осныя инастию иногинации вирриси wi	crains aming as voluntainy lutti	or rou and	0000	o nor quality	TO THE EXPERIENCE STATE OF THE PROPERTY OF THE	with a round	Ciarotos, Francisco	A .

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PHILITED NAME OF SIGNAT OFFICER OR DIRECTOR

THOMAS P. MURPHY 4-26-96 407-260-6050

Daytimo Priorie * SIGNATURE: