FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT #

STREET ADDRESS CITY-ST-ZIP N12142

(8)

HUNTERS' CHASE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address WILSHIRE BLVD SAZ WILSHIRE BLVD#209 CASSELBERRY FL 32707-5372 CASSELBERRY FL 32707 3. Date Incorporated or Qualified 11/18/1985 28. Mailing Address 274 Wikelike Bhud 2. Principal Place of Business Number 59-2883039 Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes Yes No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FRANK PAUL BARBER 82 Street Address (P.O. Box Number is Not Acceptable) DEER RUN REALTY & MANAGEMENT, INC 2745112 WILSHIRE BLVD # 229 83 CASSELBERRY FL 32707 84 City Zip Code 65 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating BEENDEMPRIMARIES TO OFFICERS AND DIRECTORS IN 12

LARLY LENTNER Change RAddition

995 NORTHERN DANCER #201 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE MURPHY, THOMAS P NAME 1.2 NAME 955 NORTHERN DANCER 103 STREET ADDRESS 1.3 STREET ADDRESS CASSELBERRY, 71 32707 CASSELBERRY FL 1.4 CITY - ST - ZIP CITY-ST-ZIP M8 10 DELETE Change 2.1 TITLE TITLE LORRAINE MCGRATH NAME 2.2 NAME 995 NORTHERN DANCER #205 STREET ADDRESS 2.3 STREET ADDRESS CASSELBERRY FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE DONALD OLSON 3.2 NAME 1141 EXCELLER CT #101 3.3 STREET ADDRESS STREET ADDRESS CASSELBERRY FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 1/11/ 4.1 TITLE WICKIZER, LINN NAME 4.2 NAME 910 NORTHERN DANCER 106 STREET ADDRESS 4.3 STREET ADDRESS CASSELBERRY FL CITY - S1 - ZIP 4.4 CITY-ST-ZIP DIRECTOR DELETE Addition 5.1 TITLE TITLE LOIS EMMONS CAROLYN SMITH PETERS 5.2 NAME NAME GIONORTHERN DANCER CASSEL BERRY, TK 37 1141 EXCELLER CT. #103 5.3 STREET ADDRESS STREET ADDRESS CASSELBERRY FL 5.4 CITY-ST-ZIP CITY-ST-2IP Addition TITLE DELETE 6.1 TITLE NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 ceth; 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: LOURING MEDICATH.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Daytime Phone # 0012814

FILED

Apr 22 1997 8:00am

Secretary of State