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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12142**

1. Corporation Name

HUNTERS' CHASE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
274 WILSHIRE BLVD #229 CASSELBERRY FL 32707-5372 US	274 WILSHIRE BLVD #229 CASSELBERRY FL 32707-5372 US

2. Principal Place of Business	2a. Mailing Address
266 Wilshire Blvd.	26 266 Wilshire Blvd.
Suite, Apt. #, etc.: Suite #110	27 Suite #110
City & State: Casselberry, FL 32707	28 Casselberry, FL 32707
Zip: 32707 Country: 25 Seminole	29 32707 30 Seminole

3. Date Incorporated or Qualifed: 11/18/1985

4. FEI Number: 59-2883039 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

FRANK PAUL BARBER
DEER RUN REALTY & MANAGEMENT, INC
274 WILSHIRE BLVD., #229
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: Kimberly Fowler

82 Street Address (P.O. Box Number is Not Acceptable): 266 Wilshire Blvd. Suite #110

83

84 City: Casselberry FL 85 Zip Code: 32707

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: Kimberly Fowler — Kimberly Fowler — DATE: 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	LENTER, LARRY		1.2 NAME	Olson, Donald A	
STREET ADDRESS	995 NORTHERN DANCER., #201		1.3 STREET ADDRESS	1141 Exceller Court #101	
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	P	☒ DELETE	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	PASQUALE, DEPALMA		2.2 NAME	McGrath, Lorraine T	
STREET ADDRESS	910 NORTHERN DANCER, #102		2.3 STREET ADDRESS	995 Northern Dancer Way #205	
CITY-ST-ZIP	CASSELBERRY FL 32707		2.4 CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	VPD	☒ DELETE	3.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME	LEPPLA, JOAN		3.2 NAME	Leatherman, Joe R	
STREET ADDRESS	1141 #103 NORTHERN DANCER		3.3 STREET ADDRESS	900 Northern Dancer Way #204	
CITY-ST-ZIP	CASSELBERRY FL 32707		3.4 CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	DS	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	TRUJILLO, SYLVIA		4.2 NAME	Sprague, Miriam K	
STREET ADDRESS	910 NORTHERN DANCER, #202		4.3 STREET ADDRESS	935 Northern Dancer Way #101	
CITY-ST-ZIP	CASSELBERRY FL 32707		4.4 CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	DT	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	DITOMASO, DONAY		5.2 NAME	Greggs, Kenneth C	
STREET ADDRESS	955 #107 NORTHERN DANCER		5.3 STREET ADDRESS	1149 Exceller Court #205	
CITY-ST-ZIP	CASSELBERRY FL 32707		5.4 CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald A Olson — SIGNATURE REQUIRED — 4/20/99 — (407) 830-7799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #