2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90050 044 ****61.25

DOCUMENT # N12142

1. Entity Name
HUNTERS' CHASE CONDOMINIUM ASSOCIATION, INC.

40050307

Principal Place of Business	Mailing Address
266 WILDSHIRE BLVD SUITE 110 CASSELBERRY, FL 32707-5372 US	266 WILDSHIRE BLVD SUITE 110 CASSELBERRY, FL 32707-5372 US

PREMIER COMMUNITY MANAGERS, INC
1255 BELLE AVE #167
WINTER SPRINGS, FL 32708

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1255 BELLE AVE #167
WINTER SPRINGS, FL 32708

03302005 Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOWLER, KIMBERLY 266 WILSHIRE BLVD SUITE 110 CASSELBERRY, FL 32707	Name PREMIER COMMUNITY MANAGERS, INC 1255 BELLE AVE #167 WINTER SPRINGS, FL 32708 Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 3-30-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOWARD, ROBERT F 900 NORTHERN DANCER WAY #102 CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RICHARD HELBLE 930 NORTHERN DANCER WAY #104 CASSELBERRY FL 32707	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EMMONS, LOIS 910 NORTHERN DANCER WAY #104 CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DONNA PASCALE 925 NORTHER DANCER WAY #101 CASSELBERRY FL 32707	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ PD MURPHY, THOMAS P 955 NORTHERN DANCER WAY #103 CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRAGUE, MIRIAM K 935 NORTHERN DANCER WAY 101 CASSELBERRY, FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ D HEVIA, LUIS A 1149 EXCELLER COURT #103 CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tom Murphy (TOM MURPHY) 4/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #