2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N12142

Entity Name: HUNTERS' CHASE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2883039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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:	PD	( ) Delete
Name:	HELBIG, RICHARD	
Address:	930 NORTHERN DANCER WAY #104	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	SD	( ) Delete
Name:	BURTON, HARRIET	
Address:	930 NORTHERN DANCER WAY #206	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	VPD	( ) Delete
Name:	CARROLL, JOAN	
Address:	900 NORTHERN DANCER WAY #106	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	TD	( ) Delete
Name:	ANDREWS, JANET	
Address:	900 NORTHERN DANCER WAY, # 102	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	D	( ) Delete
Name:	ELLARD, KARLYN	
Address:	935 NORTHERN DANCER WAY #107	
City-St-Zip:	CASSELBERRY, FL 32707	

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:	
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: RICHARD HELBIG PD 04/24/2008
Electronic Signature of Signing Officer or Director — Date