2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12142

FILED Apr 13, 2009 Secretary of State

Entity Name: HUNTERS' CHASE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST STATE ROAD 434 **SUITE 5000** LONGWOOD, FL 327795044 US **New Mailing Address: Current Mailing Address:** 2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD, FL 327795044 US FEI Number: 59-2883039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434, SUITE 5000 LONGWOOD, FL 327795044 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HELBIG, RICHARD Name: Name: 930 NORTHERN DANCER WAY #104 Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: Title: SD () Delete Title: VPD (X) Change () Addition BURTON, HARRIET Name: BURTON, HARRIET Name: Address: 930 NORTHERN DANCER WAY #206 Address: 930 NORTHERN DANCER WAY #206 City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707 Title: VPD () Delete Title: (X) Change () Addition CARROLL, JOAN LEWIS, JILL Name: Name: 900 NORTHERN DANCER WAY #106 930 NORTHERN DANCER WAY #202 Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707 Title: TD () Delete Title: () Change () Addition Name: ANDREWS, JANET Name: 900 NORTHERN DANCER WAY, # 102 Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition ELLARD, KARLYN Name: Name: ELLARD, KARLYN 935 NORTHERN DANCER WAY #107 935 NORTHERN DANCER WAY #107 Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707

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 04/13/2009