

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:31

DOCUMENT # **N12423** (2)

1. Corporation Name  
**HUNTER'S GLEN CONDOMINIUM ASSOCIATION INC.**

Principal Place of Business  
**4131 GUNN HWY  
CLEARWATER FL 33624**

Mailing Address  
**4131 GUNN HWY  
CLEARWATER FL 33624**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

3. Date Incorporated or Qualified  
**12/09/1985**

3a. Date of Last Report  
**08/10/1994**

4. FEI Number  
**31-1190534**

Applied For  
 Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status  
 **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  
 Yes  No

9. Name and Address of Current Registered Agent

**GREENACRE PROP INC. C/O MARIA PRICE  
4131 GUNN HWY.  
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VP/D</b>
NAME	<b>MESEL, TIBBIE</b>
STREET ADDRESS	<b>2050 HUNTERS GLEN DR #601</b>
CITY - ST - ZIP	<b>DUNEDIN FL</b>
TITLE	<b>D</b>
NAME	<b>GRIFFEN, GERRY</b>
STREET ADDRESS	<b>2067 HUNTERS GLEN DR #310</b>
CITY - ST - ZIP	<b>DUNEDIN FL</b>
TITLE	<b>P/D</b>
NAME	<b>TRAUTNER, DON</b>
STREET ADDRESS	<b>2067 HUNTERS GLEN DR #6</b>
CITY - ST - ZIP	<b>DUNEDIN FL</b>
TITLE	<b>STD</b>
NAME	<b>GAYLORD, DORIS</b>
STREET ADDRESS	<b>2065 HUNTERS GLEN DR # 6</b>
CITY - ST - ZIP	<b>DUNEDIN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>DIRECTOR</b>
23 STREET ADDRESS	<b>SHIRLEY COX *Whispering Palm APTS.</b>
24 CITY - ST - ZIP	<b>13200 WILCOX RD</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 to this address.

SIGNATURE: **X Donald W Trautner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-16-95** **736-1321**  
DATE (Month/Day/Year)