

MP

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified
12/09/1985

3a. Date of Last Report
02/24/1995

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**

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

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

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
85 Zip Code
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restate) (NOTE: Registered Agent signature required when restate)

12. OFFICERS AND DIRECTORS

TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	MEISEL, TIBBIE	
STREET ADDRESS	2050 HUNTERS GLEN DR #661	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COX, SHIRLEY	
STREET ADDRESS	13200 WILCOX RD	
CITY-ST-ZIP	LRGO FL	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	TRAUTNER, DON	
STREET ADDRESS	2087 HUNTERS GLEN DR #6	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GAYLORD, DORIS	
STREET ADDRESS	2085 HUNTERS GLEN DR # 6	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
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 119.07(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 with an address.

SIGNATURE: D.W. Trautner D.W. TRAUTNER 2/15/96 7361321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Price #