

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33624-4725
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/09/1985	3a. Date of Last Report 02/26/1996
21	26	4. FEI Number 31-1190534	Applied For Not Applicable
22 Suite Apt. # etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP/D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISEL, TIBBIE	1.2 NAME	
STREET ADDRESS	2050 HUNTERS GLEN DR #661	1.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYLORD, DORIS	2.2 NAME	DORIS GAYLORD
STREET ADDRESS	2085 HUNTERS GLEN DR. #6	2.3 STREET ADDRESS	2085 HUNTERS GLEN DR #208
CITY - ST - ZIP	DUNEDIN FL	2.4 CITY - ST - ZIP	DUNEDIN, FL 34698
TITLE	P/D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAUTNER, DON	3.2 NAME	
STREET ADDRESS	2087 HUNTERS GLEN DR #6	3.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Christine Perkins
STREET ADDRESS		4.3 STREET ADDRESS	4131 GUNN HIGHWAY
CITY - ST - ZIP		4.4 CITY - ST - ZIP	TAMPA FL 33624
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	John Cavallaro
STREET ADDRESS		5.3 STREET ADDRESS	2045 Hunters Glen Dr.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Dunedin, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Shirley Cox
STREET ADDRESS		6.3 STREET ADDRESS	4131 GUNN HIGHWAY
CITY - ST - ZIP		6.4 CITY - ST - ZIP	TAMPA FL 33624

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Doris Gaylord (DORIS GAYLORD) 1/14/97 813 - 736-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048704

CR2E037 (9/96)