

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12423

FILED
Mar 27, 2009
Secretary of State

Entity Name: HUNTER'S GLEN CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

3001 EXECUTIVE DR.
STE. 260
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

3001 EXECUTIVE DR.
STE. 260
CLEARWATER, FL 33762 US

New Mailing Address:

200 NORTH PINE AVENUE
SUITE A
OLDSMAR, FL 34677 US

FEI Number: 31-1190534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR.
STE. 260
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

BRUDNY & RABIN, PA
200 NORTH PINE AVENUE
SUITE A
OLDSMAR, FL 34677 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: MICHAEL BRUDNY

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, BOB
Address: 2050 HUNTERS GLEN DRIVE, #604
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: SMITH, ELAINE
Address: 2067 HUNTERS GLEN DR. #304
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: RICHWIRE, RUTHANNE
Address: 2045 HUNTERS GLEN DR. #507
City-St-Zip: DUNEDIN, FL 34698

Title: TD () Delete
Name: RAINEY, BOBBIE
Address: 2087 HUNTERS GLEN DR #106
City-St-Zip: DUNEDIN, FL 34698

Title: VD () Delete
Name: SLOAN, KAREN
Address: 2087 HUNTERS GLEN DR #104
City-St-Zip: DUNEDIN, FL 34698

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: BOB MOORE

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date