

FILE NOW: FILING FEE IS \$61.25

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Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13485** (0)

1. Corporation Name

**HUNTER'S CREEK COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

13801 TOWN LOOP BLVD.  
ORLANDO FL 32837  
US

Mailing Address

13801 TOWN LOOP BLVD  
ORLANDO FL 32837-6108  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
**02/19/1986**

3a. Date of Last Report  
**02/21/1996**

4. FEI Number  
**59-2730786**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, ROBERT L  
1900 SUMMIT TOWER BLVD  
SUITE 800  
ORLANDO FL 32810

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GATLIN, ROGER O	
STREET ADDRESS	13801 TOWN LOOP BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>MORRIS, JAMES H</del>	
STREET ADDRESS	<del>13801 TOWN LOOP BLVD</del>	
CITY-ST-ZIP	<del>ORLANDO FL</del>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>WAXMAN, DANIEL</del>	
STREET ADDRESS	<del>13801 TOWN LOOP BLVD</del>	
CITY-ST-ZIP	<del>ORLANDO FL</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTHERLAND, KAREN	
STREET ADDRESS	13801 TOWN LOOP BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALLENDER, JACK	
STREET ADDRESS	13801 TOWN LOOP BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONGOVEN, JOHN	
STREET ADDRESS	13801 TOWN LOOP BLVD	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	PAT MOORE
2.4 CITY-ST-ZIP	13801 TOWN LOOP BLVD. ORLANDO, FL 32837
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	DENISE SWIFT
3.4 CITY-ST-ZIP	13801 TOWN LOOP BLVD. ORLANDO, FL 32837
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]* **REQUIRED** *[Signature]* 1/13/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 001-704-111

CR2E037 (9/96)