

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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 <b>13801 TOWN LOOP BLVD. ORLANDO FL 32837 US</b>	Mailing Address <b>13801 TOWN LOOP BLVD ORLANDO FL 32837-6108 US</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>02/19/1986</b>	3a. Date of Last Report <b>02/21/1996</b>
4. FEI Number <b>59-2730786</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATLIN, ROGER O	1.2 NAME	
STREET ADDRESS	13801 TOWN LOOP BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>MURDER, JAMES X</del>	2.2 NAME	PAT MOORE
STREET ADDRESS	<del>13801 TOWN LOOP BLVD</del>	2.3 STREET ADDRESS	13801 TOWN LOOP BLVD.
CITY-ST-ZIP	<del>ORLANDO FL</del>	2.4 CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>WAXMAN, DANIEL</del>	3.2 NAME	DENISE SWIFT
STREET ADDRESS	<del>13801 TOWN LOOP BLVD</del>	3.3 STREET ADDRESS	13801 TOWN LOOP BLVD.
CITY-ST-ZIP	<del>ORLANDO FL</del>	3.4 CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLAND, KAREN	4.2 NAME	
STREET ADDRESS	13801 TOWN LOOP BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLENDER, JACK	5.2 NAME	
STREET ADDRESS	13801 TOWN LOOP BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONGOVEN, JOHN	6.2 NAME	
STREET ADDRESS	13801 TOWN LOOP BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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: \_\_\_\_\_ (REQUIRED) DATE: 1/13/97

CR2E037 (9/96)