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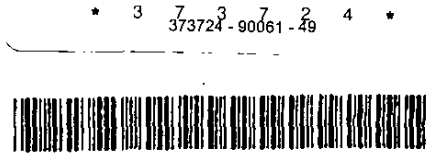
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N13485
 1. Corporation Name
HUNTER'S CREEK COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
 5100 TOWN CENTER BLVD 5100 TOWN CENTER BLVD
 ORLANDO FL 32837 ORLANDO FL 32837
 US US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	02/19/1986
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-2730786
24. Country	29. Country	Applied For
25. Zip	30. Country	Not Applicable

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	83. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
84. City	

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 state if applicable (NOTE: Registered Agent signature required with registrations)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11. TITLE	DP
NAME	GATLIN, ROGER O	12. NAME	
STREET ADDRESS	5100 TOWN CENTER BLVD	13. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	14. CITY-ST-ZIP	
TITLE	BT	21. TITLE	VPD
NAME	PALANT, CHARLES	22. NAME	
STREET ADDRESS	5100 TOWN CENTER BLVD	23. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	24. CITY-ST-ZIP	
TITLE	D	31. TITLE	SEC D
NAME	CAVARETTA, CHUCK	32. NAME	CAVARETTA, CHUCK
STREET ADDRESS	5100 TOWN CENTER BLVD	33. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	34. CITY-ST-ZIP	
TITLE	D	41. TITLE	VPD
NAME	SUTHERLAND, KAREN	42. NAME	LARRY SCOTT
STREET ADDRESS	5100 TOWN CENTER BLVD	43. STREET ADDRESS	5100 TOWN CENTER BLVD
CITY-ST-ZIP	ORLANDO FL 32837	44. CITY-ST-ZIP	ORLANDO FL 32837
TITLE	D	51. TITLE	VPD
NAME	CALLENDER, JACK	52. NAME	
STREET ADDRESS	5100 TOWN CENTER BLVD	53. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	54. CITY-ST-ZIP	
TITLE	D	61. TITLE	TR D
NAME	MONGOVEN, JOHN	62. NAME	ELLIE FALL
STREET ADDRESS	5100 TOWN CENTER BLVD	63. STREET ADDRESS	5100 TOWN CENTER BLVD.
CITY-ST-ZIP	ORLANDO FL 32837	64. CITY-ST-ZIP	ORLANDO, FL 32837

14. I 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, with all other like empowered.

SIGNATURE: _____ Date: 3-5-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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