

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N14277

1. Entity Name
**HUNTER'S RUN OF BREVARD HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**4565 HUNTERS RUN CIRCLE
P.O. BOX 602
GRANT, FL 32949**

Mailing Address
**4565 HUNTERS RUN CIRCLE
P.O. BOX 602
GRANT, FL 32949**



04272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2890772

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOTYKA, EDWIN J
4536 HUNTERS RUN CIRCLE
GRANT, FL 32949**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, JERRY 4548 HUNTERS RUN CIR GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLOS, EMILEEN 4532 HUNTERS RUN CIR GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLOS, ED 4532 HUNTERS RUN CIRCLE GRANT, FL 32945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOTYKA, EDWIN 4536 HUNTERS RUN CIRCLE GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/07-80043-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **EDWIN J. MOTYKA Treasurer**

4/27/07

321 956 9135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #