


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N16882
 1. Entity Name
 HUNTER'S WOOD HOMEOWNERS ASSOCIATION, INC.
 OF PALM HARBOR, FL.



| | |
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| Principal Place of Business C/O THOMAS PEASE 3025 ARBOR OAKS DRIVE TARPON SPRINGS, FL 34688 | Mailing Address C/O THOMAS PEASE 3025 ARBOR OAKS DRIVE TARPON SPRINGS, FL 34688 |
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03232005 No Chg-NP CR2E037 (10/03)

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|---|--------------------------------|
| 4. FEI Number 59-2692451 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 PEASE, THOMAS
 3025 ARBOR OAKS DR.
 TARPON SPRINGS, FL 34689

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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, 2005

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 | SD ASTRAB, ROSE 3000 ARBOR OAKS DR TARPON SPRINGS, FL 34688 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ADERHOLD, LEE ANN 3085 ARBOR OAKS DR. TARPON SPRINGS, FL 34688 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PEASE, THOMAS 3025 ARBOR OAKS DR. TARPON SPRINGS, FL 34688 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SIMEONI, SERBO 3048 ARBOR OAKS DR. TARPON SPRINGS, FL 34688 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/19/05-80076-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas Pease
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/05 727-285-7460
 Date Daytime Phone #

TEPEASE