


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N16882</b> 1. Entity Name <b>HUNTER'S WOOD HOMEOWNERS ASSOCIATION, INC. OF PALM HARBOR, FL.</b>	
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Principal Place of Business <b>C/O THOMAS PEASE 3025 ARBOR OAKS DRIVE TARPON SPRINGS FL 34688</b>	Mailing Address <b>C/O THOMAS PEASE 3025 ARBOR OAKS DRIVE TARPON SPRINGS FL 34688</b>
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1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

<b>6. Name and Address of Current Registered Agent</b>  <b>PEASE, THOMAS 3025 ARBOR OAKS DR. TARPON SPRINGS FL 34689</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: SD <input type="checkbox"/> Delete NAME: GOLDSTEIN, MARSHA STREET ADDRESS: 3060 ARBOR OAKS DR CITY-ST-ZIP: TARPON SPRINGS FL 34682	
TITLE: VPD <input type="checkbox"/> Delete NAME: ADERHOLD, LEE ANN STREET ADDRESS: 3085 ARBOR OAKS DR. CITY-ST-ZIP: TARPON SPRINGS FL 34688	
TITLE: TD <input type="checkbox"/> Delete NAME: PEASE, THOMAS STREET ADDRESS: 3025 ARBOR OAKS DR. CITY-ST-ZIP: TARPON SPRINGS FL 34688	
TITLE: PD <input type="checkbox"/> Delete NAME: ADERHOLD, THOMAS STREET ADDRESS: 3085 ARBOR OAKS DR CITY-ST-ZIP: TARPON SPRINGS FL 34682	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	U00000639286 04/19/07-80036-016 61.25
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas E Pease      **PEASE**      4/10/07      727-285-7460