

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90042 039 \*\*\*\*61.25



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

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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **59-2692451**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PEASE, THOMAS, 3025 ARBOR OAKS DR, TARPON SPRINGS FL 34688**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_



1st MOORE CR2E037 (10/07)

**FL** Zip Code **34688**

**FILE NOW - FEE IS \$61.25 Due By May 1, 2008**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SD NAME: GOLDSTEIN, MARSHA STREET ADDRESS: 3060 ARBOR OAKS DR CITY-ST-ZIP: TARPON SPRINGS FL 34682	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: 34688	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: ADERHOLD, LEE ANN STREET ADDRESS: 3085 ARBOR OAKS DR. CITY-ST-ZIP: TARPON SPRINGS FL 34688	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: PEASE, THOMAS STREET ADDRESS: 3025 ARBOR OAKS DR. CITY-ST-ZIP: TARPON SPRINGS FL 34688	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: <del>ADERHOLD, THOMAS</del> STREET ADDRESS: 3085 ARBOR OAKS DR CITY-ST-ZIP: TARPON SPRINGS FL 34682	<input checked="" type="checkbox"/> Delete	TITLE: OD NAME: KEN WEISHAAR STREET ADDRESS: 3049 ARBOR OAKS DR CITY-ST-ZIP: TARPON SPRINGS FL 34688	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 TRESPASE TREASURER 3/29/08 727-7857460