

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2009  
Secretary of State**

DOCUMENT# N16882

**Entity Name:** HUNTER'S WOOD HOMEOWNERS ASSOCIATION, INC. OF PALM HARBOR, FL.

**Current Principal Place of Business:**

C/O THOMAS PEASE  
3025 ARBOR OAKS DRIVE  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THOMAS PEASE  
3025 ARBOR OAKS DRIVE  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

**FEI Number:** 59-2692451      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEASE, THOMAS  
3025 ARBOR OAKS DR.  
TARPON SPRINGS, FL 34688      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD      ( ) Delete  
Name: GOLDSTEIN, MARSHA  
Address: 3060 ARBOR OAKS DR  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VPD      ( ) Delete  
Name: ADERHOLD, LEE ANN  
Address: 3085 ARBOR OAKS DR.  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TD      ( ) Delete  
Name: PEASE, THOMAS  
Address: 3025 ARBOR OAKS DR.  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: PD      ( ) Delete  
Name: WEISHAAR, KEN  
Address: 3049 ARBOR OAKS DR  
City-St-Zip: TARPON SPRINGS, FL 34688

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. PEASE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

04/23/2009

\_\_\_\_\_  
Date