

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90001 007 ****61.25

DOCUMENT # N19237 1. Entity Name HUNTERS MILL ASSOCIATION, INC.			
Principal Place of Business 1631 BEARSKIN LANE JACKSONVILLE, FL 32225 US		Mailing Address 14053 BROKEN BOW JACKSONVILLE, FL 32225 US	
2. Principal Place of Business 14053 Broken Bow Dr. S Suite, Apt. #, etc.		3. Mailing Address PO Box 350225 Suite, Apt. #, etc.	
City & State Jacksonville FL Zip 32225		City & State Jacksonville FL Zip 32225	
Country US		Country US	
4. FEI Number 59-2995157		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOLAN, JAMES J 14053 BROKEN BOW DR. S. JACKSONVILLE, FL 32225		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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 VD NAME TUTTLE, DONNA STREET ADDRESS 1642 BGARSKIN LN CITY-ST-ZIP JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE VD NAME NOWROOZI, Ali STREET ADDRESS 17064 Broken Bow Dr. S CITY-ST-ZIP Jacksonville FL. 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME CHESHER, SHERI STREET ADDRESS 1631 BEARSKIN LANE CITY-ST-ZIP JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE T NAME Griffin, Beverly STREET ADDRESS 14072 Broken Bow Dr. S CITY-ST-ZIP Jacksonville FL. 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME MOEWE, RONALD STREET ADDRESS 14081 BROKEN BOW DR E CITY-ST-ZIP JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME CAPAUD, BARBARA STREET ADDRESS 1658 BEARSKIN LN CITY-ST-ZIP JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME DOLON, JAMES J STREET ADDRESS 14053 BROKEN BOW DR. S. CITY-ST-ZIP JACKSONVILLE, FL 32225	<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 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: James J. Dolan		Date 3/8/06 Daytime Phone # (904) 221-8298	