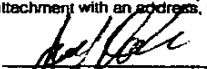


FILED
Apr 18, 2007 8:00 am
Secretary of State

4000000000



DOCUMENT # N19237 1. Entity Name HUNTERS MILL ASSOCIATION, INC.				04-18-2007 90196 022 ****61.25	
Principal Place of Business 14053 BROKEN BOW DR S JACKSONVILLE, FL 32225 US		Mailing Address POB 350225 JACKSONVILLE, FL 32225 US <i>32235</i>		400000000 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04042007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2995157 Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
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 FL Zip Code	
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 withdrawing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VD NOWROOZI, ALI 17064 BROKEN BOW DR S JACKSONVILLE, FL 32225 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. NOWROOZI, ALI 17064 BROKEN BOW DR. S. JACKSONVILLE, FL 32225 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFIN, BEVERLY 14072 BROKEN BOW DR S JACKSONVILLE, FL 32225 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 2ND GRIFFIN, BEVERLY 14072 BROKEN BOW DR. S. JACKSONVILLE, FL 32225 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOEWE, RONALD 14061 BROKEN BOW DR E JACKSONVILLE, FL 32225 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MOEWE, RONALD 14061 BROKEN BOW DR. S. JACKSONVILLE, FL 32225 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPAID, BARBARA 1658 BEARSKIN LN JACKSONVILLE, FL 32225 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CAPRIO, MARK 1658 BEARSKIN LN JACKSONVILLE, FL 32225 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOLON, JAMES J 14053 BROKEN BOW DR. S. JACKSONVILLE, FL 32225 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 1ST DOLAN, JAMES J 14053 BROKEN BOW DR. S. JACKSONVILLE, FL 32225 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		4/11/07 Date Daytime Phone #			