ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90196 022 ****61.25

DOCUMENT # N19237

1. Entity Name
HUNTERS MILL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14053 BROKEN BOW DR S JACKSONVILLE, FL 32225 US	POB 350225 JACKSONVILLE, FL 32225 US 32235

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

400000340

04042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2995157 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOLAN, JAMES J 14053 BROKEN BOW DR. S. JACKSONVILLE, FL 32225	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #