

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19237

FILED
Jan 21, 2009
Secretary of State

Entity Name: HUNTERS MILL ASSOCIATION, INC.

Current Principal Place of Business:

14053 BROKEN BOW DR S
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

POB 350225
JACKSONVILLE, FL 32235 US

New Mailing Address:

POBOX 350225
JACKSONVILLE, FL 32235 US

FEI Number: 59-2995157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLAN, JAMES J
14053 BROKEN BOW DR. S.
JACKSONVILLE, FL 32225 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: T () Delete
Name: NOWROOZI, ALI
Address: 17064 BROKEN BOW DR S
City-St-Zip: JACKSONVILLE, FL 32225

Title: 2VP () Delete
Name: GIBSON, MARK
Address: 14071 BROKEN BOW DR. N.
City-St-Zip: JACKSONVILLE, FL 32225

Title: P () Delete
Name: MOEWE, RONALD
Address: 14061 BROKEN BOW DR E
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: GRIFFIN, BEVERLY
Address: 14072 BROKEN BOW DR. S
City-St-Zip: JACKSONVILLE, FL 32225

Title: 1VP () Delete
Name: DOLON, JAMES J
Address: 14053 BROKEN BOW DR. S.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PRES (X) Change () Addition
Name: MOEWE, RONALD
Address: 14061 BROKEN BOW DR E
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC (X) Change () Addition
Name: GRIFFIN, BEVERLY
Address: 14072 BROKEN BOW DR. S
City-St-Zip: JACKSONVILLE, FL 32225

Title: 1VP (X) Change () Addition
Name: DOLAN, JAMES J
Address: 14053 BROKEN BOW DR. S.
City-St-Zip: JACKSONVILLE, FL 32225

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: JAMES J. DOLAN

1VP

01/21/2009

Electronic Signature of Signing Officer or Director

Date