

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22777

FILED  
Mar 10, 2010  
Secretary of State

**Entity Name:** HUNTER'S GREEN COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

9456 HIGHLAND OAK DRIVE  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

9456 HIGHLAND OAK DRIVE  
TAMPA, FL 33647 US

**New Mailing Address:**

FEI Number: 59-2960805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, ANN  
9456 HIGHLAND OAK DRIVE  
TAMPA, FL 33647 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  
Name: CLAASSEN, DOLORES  
Address: 9456 HIGHLAND OAK DR  
City-St-Zip: TAMPA, FL 33647

Title: D  
Name: BAUGHMAN, HOWARD  
Address: 9456 HIGHLAND OAK DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: TD  
Name: BARTLEY, DOUG  
Address: 9456 HIGHLAND OAK DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: D  
Name: O'SHAUGHNESSY, TOM  
Address: 9456 HIGHLAND OAK DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: VPD  
Name: WORTLEY, LIZ  
Address: 9456 HIGHLAND OAK DR  
City-St-Zip: TAMPA, FL 33647

Title: PD  
Name: COBB, JEFF  
Address: 9456 HIGHLAND OAK DR  
City-St-Zip: TAMPA, FL 33647

I hereby 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 all other like empowered.

SIGNATURE: ANN JOHNSON, LCAM

MGR

03/10/2010

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

\_\_\_\_\_  
Date