## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N28527

FILED Apr 20, 2004 Secretary of State

Entity Name: HUNTER'S GREEN PARCEL 7 NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9039 QUAIL CREEK TAMPA, FL 33647 **Current Mailing Address: New Mailing Address:** 9039 QUAIL CREEK TAMPA, FL 33647 US FEI Number: 59-2954332 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHANKLAND, HAROLD 9039 QUAIL CREEK TAMPA, FL 33647 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SHANKLAND, HAROLD Name: Name: 9039 QUAIL CREEK Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: Title: VP/T () Delete (X) Change ( ) Addition Name: PACE, GREG Name: PACE, GREG Address: 9063 QUAIL CREEK Address: 9063 QUAIL CREEK City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: (X) Change ( ) Addition WANNEMACHER, ROBIN C ISENBECK, RICHARD Name: Name: 9025 QUAIL CREEK DR Address: Address: 9034 QUAIL CREEK DR City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: ( ) Delete Title: (X) Change ( ) Addition BRITTON, TERRI Name: BRITTON, TERRI Name: 9050 QUAIL CREEK DR 9035 QUAIL CREEK DR Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: (X) Change ( ) Addition HEIBERG, MIKE MURRAY, TINA D Name: Name: 9045 QUAIL CREEK DR 9084 QUAIL CREEK DR Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: **TAMPA, FL 33647** Title: (X) Delete Title: () Change () Addition MURRAY, TINA D Name: Name: Address: 9084 QUAIL CREEK DR Address: TAMPA, FL 33647 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HAROLD SHANKLAND PRES 04/20/2004