## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Aug 17, 2005 8:00 am Secretary of State DOCUMENT # N28527 08-17-2005 90004 016 \*\*\*\*61.25 **HUNTER'S GREEN PARCEL 7 NEIGHBORHOOD** ASSOCIATION, INC. Principal Place of Business Mailing Address 9039 QUAIL CREEK 9039 QUAIL CREEK TAMPA, FL 33647 TAMPA, FL 33647 US 50062108 2. Principal Place of Business 3. Mailing Address 9035 QUALL CREEK BRIVE 9035 QUAIL (REEK HRIVE Suite, Apt. #, etc. 08112005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-2954332 AMPA Not Applicable Country \$8.75 Additional 45A 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHANKLAND, HAROLD Box Number is Not Acceptable) OUALL CREA 9039 QUAIL CREEK TAMPA, FL 33647 Zip Code **크**공64 TAMPA 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 ageg ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by September 7, 2005 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE **X** Delete ☐ Change **Addition** NAME SHANKLAND, HAROLD NAME GIRALDO ANDREW 9039 QUAIL CREEK 9079 QUAIL CREEK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33647** CITY-ST-ZIP TAMPA, FL 33647 VP/T TITLE ☐ Delete TITLE Change ■ Addition Page, Gregg PACE, GREG G NAME NAME STREET ADDRESS 9063 QUAIL CREEK STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33647** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ISENBECK RICHARD NAME NAME CINTRON, MARY AND STREET ADDRESS 9034 QUAIL CREEK DR 9030 QUAIL CREEK DR. STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33647** CITY-ST-ZIP TAMPA, FL 33647 TITLE Delete TITLE Change ☐ Addition BRITTON, TERRI BRITTON, TERI NAME NAME STREET ADDRESS 9035 QUAIL CREEK DR STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition MURRAY BAVID 9084 QUALL CREEK DR MURRAY, TINA D NAME NAME STREET ADDRESS 9084 QUAIL CREEK DR STREET ADDRESS CITY-ST-ZIP TAMPA, FL. 33647 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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

**FILED**