

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90022 012 ****61.25

| | | | | | |
|---|---|--|--|---|--------------------------------|
| DOCUMENT # N29705 | | | | | |
| 1. Entity Name HUNTER'S CREEK PROPERTY OWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O ADVANTAGE PROPERTY MGT P.O. BOX 65 JENSEN BEACH, FL 34958 US | | | Mailing Address C/O DAVID BRANNON 2180 SW HUNTERS HWY PALM CITY, FL 34990 US | | |
| 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 | 4. FEI Number 65-0131966 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FORTE, LORRAINE H 111 SE FEDERAL HWY SUITE100 STUART, FL 34994 | | | 7. Name and Address of New Registered Agent - 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 PD | NAME BRANNON, DAVID <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2180 SW HUNTERS CLUB HWY | CITY-ST-ZIP PALM CITY, FL 34990 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE PD | NAME GARBER, RALPH <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2161 S.W. HUNTERS CLUB WAY | CITY-ST-ZIP PALM CITY, FL 34990 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE VD | NAME BOETTCHER, LEROY <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 971 S.W. HUNT CLUB CIR | CITY-ST-ZIP PALM CITY, FL 34990 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE TD | NAME SCHNETS, JOHN <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2035 S.W. HUNTER CLUBWAY | CITY-ST-ZIP PALM CITY, FL 34990 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE D | NAME BRANNON, DAVID <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2180 S.W. HUNTER CLUBWAY | CITY-ST-ZIP PALM CITY, FL 34990 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE SD | NAME GASTMAN, DAVID D <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 1891 S.W. HUNTER CLUBWAY | CITY-ST-ZIP PALM CITY, FL 34990 | | STREET ADDRESS | CITY-ST-ZIP | |
| 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: <i>Ralph Garber</i> | | | 4-1-08 | | 772-297-4937 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |