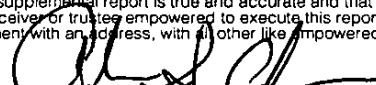


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90109 042 ****61.25

DOCUMENT # N30011 1. Entity Name HUNTER'S GREEN PARCEL 3 NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 16105 N FLORIDA SUITE A LUTZ, FL 33549			Mailing Address 16105 N FLORIDA SUITE A LUTZ, FL 33549		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2942296	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEZER, STEVEN 220 S FRANKLIN ST TAMPA, FL 33602			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MC COLL, LISA		NAME		
STREET ADDRESS	16105 N FLORIDA, # A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JOHNSON, JAMES K		NAME		
STREET ADDRESS	16105 N FLORIDA, #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	COHEN, ANDREW		NAME	PD	
STREET ADDRESS	16105 N FLORIDA, #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	PD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	WHEELER, DAVID		NAME	D	
STREET ADDRESS	16105 N FLORIDA, #A		STREET ADDRESS	JOHN RICCARDI	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	16105 N. FLORIDA #A	
TITLE	SD	☐ Delete	TITLE	LUTZ, FL 33549	
NAME	GIGANTE, PAUL A		NAME		
STREET ADDRESS	16105 N FLORIDA, #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			ANDREW COHEN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/27/06		
			Daytime Phone #		