

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90021 018 ****61.25

DOCUMENT # N33650



1. Entity Name
HUNTERS CROSSING HOMEOWNERS ASSOCIATION OF PINELLAS, INC.

Principal Place of Business
**1050A E LAKE WOODLANDS PKWY
 OLDSMAR, FL 34677 US**

Mailing Address
**1050A E LAKE WOODLANDS PKWY
 OLDSMAR, FL 34677 US**



01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2968832

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCANNAVINO, DOMINICK
 1050A E LAKE WOODS PKWY
 OLDSMAR, FL 34677**

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)

DATE

**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 DP Delete
 NAME RINE, NICHOLAS J
 STREET ADDRESS 1038 ELK WAY
 CITY-ST-ZIP OLDSMAR, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME FLETCHER, JACQUELINE R
 STREET ADDRESS 1059 ELK WAY
 CITY-ST-ZIP OLDSMAR, FL

TITLE Change Addition
 NAME **SD REES, JILL**
 STREET ADDRESS **1102 HUNTERS PL.**
 CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE VP Delete
 NAME BROWN, GLEN
 STREET ADDRESS 1120 HUNTERS PLACE
 CITY-ST-ZIP OLDSMAR, FL 34677

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME WARFORD, MARY
 STREET ADDRESS 1127 HUNTERS PLACE
 CITY-ST-ZIP OLDSMAR, FL 34677

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME ELWELL, DONALD
 STREET ADDRESS 5189 HUNTERS DR
 CITY-ST-ZIP OLDSMAR, FL 34677

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06

Date

Daytime Phone #