

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

DOCUMENT# N33650

**Entity Name:** HUNTERS CROSSING HOMEOWNERS ASSOCIATION OF PINELLAS, INC.

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD #206  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

720 BROOKER CREEK BLVD #206  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number:** 59-2968832      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCANNAVINO, INC.  
720 BROOKER CREEK BLVD #206  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: RINE, NICHOLAS J  
Address: 1038 ELK WAY  
City-St-Zip: OLDSMAR, FL

Title: SD ( ) Delete  
Name: REES, JILL  
Address: 1102 HUNTERS PL  
City-St-Zip: OLDSMAR, FL 34677

Title: TD ( ) Delete  
Name: MICHAEL, TOM  
Address: 5137 HUNTERS DRIVE  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: CAROLLO, CHERYLL  
Address: 1138 HUNTERS PLACE  
City-St-Zip: OLDSMAR, FL 34677

Title: VD ( ) Delete  
Name: ELWELL, DONALD  
Address: 5189 HUNTERS DR  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NICK RINE

PD

01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date