

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34716 (3)**  
1. Corporation Name  
**HUNTER'S CHASE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business 12785 FOREST HILL BLVD. SUITE C WEST PALM BEACH FL 33414 US	Mailing Address 12785 FOREST HIL BLVD. SUITE C WEST PALM BEACH FL 33414-4763 US
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3. Date Incorporated or Qualified <b>10/17/1989</b>	3a. Date of Last Report <b>02/07/1996</b>
4. FEI Number <b>59-2997169</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent  
**MCLAUGHLIN, ROBERT C.  
11809 POLO CLUB RD.  
SUITE 200  
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent  
81 Name **John Nausome**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **12785-C Forest Hill Blvd.**  
84 City **Wellington** FL 85 Zip Code **33414**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-7-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>MCLAUGHLIN, ROBERT C.</b>	
STREET ADDRESS	<b>11809 POLO CLUB RD.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/>
NAME	<b>SKINNER, HAROLD</b>	
STREET ADDRESS	<b>11809 POLO CLUB RD.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/>
NAME	<b>JOHNSON, NANCY</b>	
STREET ADDRESS	<b>11809 POLO CLUB RD.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>O'CONNOR, TIM</b>	
STREET ADDRESS	<b>11809 POLO CLUB RD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/>
NAME	<b>CARR, DAN</b>	
STREET ADDRESS	<b>11809 POLO CLUB RD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Welch, Jack</b>		
1.3 STREET ADDRESS	<b>11809 Polo Club Rd.</b>		
1.4 CITY-ST-ZIP	<b>Wellington, FL 33414</b>		
2.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Allen B. Snow</b>		
2.3 STREET ADDRESS	<b>11809 Polo Club Rd.</b>		
2.4 CITY-ST-ZIP	<b>Wellington FL 33414</b>		
3.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>Tammy Greeley</b>		
3.3 STREET ADDRESS	<b>11809 Polo Club Rd.</b>		
3.4 CITY-ST-ZIP	<b>Wellington FL 33414</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>Clark Hetherington</b>		
5.3 STREET ADDRESS	<b>11809 Polo Club Rd</b>		
5.4 CITY-ST-ZIP	<b>Wellington FL 33414</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-7-97** DAYTIME PHONE # **798-7282**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)