2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # N34716 04-01-2004 90029 038 ****61.25 HUNTER'S CHASE HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 11199 POLO CLUB ROAD 11199 POLO CLUB ROAD ハエハユエやエリ WELLINGTON, FL 33414 WELLINGTON, FL 33414 US 2 Principal Place of Business 3461-6 Fair lane 3. Mailing Aggress 3461-B Fairlane Farms Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 Chq-NP CR2E037 (10/03) Applied For 4. FEL Number On 59-2997169 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. - Name and Address of Current Registered Agent GALLE, CRAIG 11199 POLO CLUB ROAD WELLINGTON, FL 33414 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entit subn the obligation SIGNATURE 4 d agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. מ TITLE TITLE Delete WELSH, JACK NAME NAME STREET ADDRESS 11809 POLO CLUB RD STREET ADDRESS WELLINGTON, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE X Addition Bazaa NAME HAROLA, SKINNER NAME Fairlane Farms STREET ADDRESS 11199 POLO CLUB RD STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CCTY-ST-7IP n ☐ Change TITLE Delete TITLE Addition airlane Farms Rd SPANO, SAL V NAME NAME 11199 POLO CLUB RD STREET ADDRESS STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME Fairfune Farms STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Director Schaefer Change Martin Schaefer Farms Rd 3461-13 Fairlane Farms Rd Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplier ental 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of of the corporation or the received changed, or on an attachment 961-795-4 SIGNATURE: RE AND TYPED RCER OR DIRECTOR

FILED