## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N34716

1. Entity Name HUNTER'S CHASE HOME OWNERS ASSOCIATION, INC



## FILED Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90148 007 \*\*\*\*61.25

Daytime Phone #

HUNTER	S CHASE HOME OWNERS	S ASSOCIATION, INC.					
Principal Plac 3461-B FAIR WELLINGTON	rlane farms RD	Mailing Address 3461-B FAIRLANE FARMS WELLINGTON, FL 33414	61-B FAIRLANE FARMS RD				
Principal Place of Business - No P.O. Box #     3. Mail		3. Mailing Address	ailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		chg-NP C	CR2E037 (12/06)	
City & State Cit		City & State	ty & State		69	) <del></del>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Nimma	7. Name and Ad	dress of New Regi	istered Agent	
NEWSOM	E, JOHN		Name				
3461-B FA	GTON MANAGEMENT NIRLANE FARMS RD		Street Ad	ddress (P.O. Box Number is	Not Acceptable)		
WELLING	TON, FL 33414		City		`	FL Zip Cod	e
8. The above	named entity submits this statement for	r the purpose of changing its re-	aistered office or	registered agent, or both, in	the State of Florida		and accept
	tions of registered agent.	. and pospect of one igning to to	9.0.0.00	regional again, or boun, a	THE CLASS OF THE STATE	a. Varit (armia vilo),	and docopt
SIGNATURE							
	Signature, typed or printed name of registered agent a	and title if annicable (NOTE: B	Secietared Agent signatur	re required when reinstation)		DATE	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Agent signatur	re required when reinstating)		DATE	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	and title if applicable. (NOTE: R  9. Election Camp.  Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		e check payable to Department of S	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Camp. Trust Fund Cor	eaign Financing ntribution.	\$5.00 May Be Added to Fees	Florida	e check payable to Department of S	táte l 10
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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 other line empowered.

SIGNATURE:	Malla	- Tresivari	1 HOMP	50N S45A	4-22-08
	SIGNATURE AND TREES OR PRINTED			Date	