

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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



**DOCUMENT # N34716**  
 1. Entity Name  
**HUNTER'S CHASE HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business  
**3461-B FAIRLANE FARMS RD  
 WELLINGTON, FL 33414 US**

Mailing Address  
**3461-B FAIRLANE FARMS RD  
 WELLINGTON, FL 33414 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

04222008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2997169**

Applied For  
 Not Applicable

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



**6. Name and Address of Current Registered Agent**

**NEWSOME, JOHN  
 %WELLINGTON MANAGEMENT  
 3461-B FAIRLANE FARMS RD  
 WELLINGTON, FL 33414**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	BAZAAR, HARVEY	
STREET ADDRESS	3461-B FAIRLANE FARMS RD	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHEA, TOM	
STREET ADDRESS	3461-B FAIRLANE FARMS RD	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORBIN, JAMES	
STREET ADDRESS	3461-B FAIRLANE FARMS RD	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	S	<input type="checkbox"/> Delete
NAME	RASSAS, THERESA	
STREET ADDRESS	3461-B FAIRLANE FARMS RD.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOEDER, MARTIN	
STREET ADDRESS	3461-B FAIRLANE FARMS RD	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY BAZAAR	
STREET ADDRESS	12420 Sunnydale Drive	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Shea	
STREET ADDRESS	12330 Sunnydale Drive	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim CORBIN	
STREET ADDRESS	12470 Sunnydale Drive	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERESA RASSAS	
STREET ADDRESS	12590 Sunnydale Drive	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN Schaefer	
STREET ADDRESS	12480 Sunnydale Dr	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

**SIGNATURE:** *[Signature]* **THOMPSON JISA 4-22-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #