
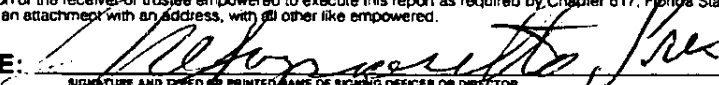


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

4/1

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90013 035 \*\*\*\*61.25

<b>DOCUMENT # N34806</b>			
1. Entity Name HUNTER GREEN HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 8360 W OAKLAND PARK BLVD. STE. 301 FORT LAUDERDALE, FL 33351 US		Mailing Address C/O ALLIANCE PROPERTY STMS. P.O. BOX 452199 FORT LAUDERDALE, FL 33345-2199 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PROCTON, LLOYD W 400 SE 18 STREET FORT LAUDERDALE, FL 33316-2820		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SETSER, CHRIS 121 COLLY WAY NORTH LAUDERDALE, FL 33068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DER KAZARIAN, GREGORY 150 COLLT WAY NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONDELL, INA 228 MADDY LANE NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T BROWN, VONDA 220 MADDY LANE NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SIGNORETTI, MASSIMO 159 COLLY WY NO LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWARDS, ENA 221 MADDY LANE NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUBILLOS, EMMA 406 EVERGREEN ST. NORTH LAUDERDALE, FL 33068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S SIGNORETTA, PATRICIA 159 COLLY WAY NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWNE, EMILY 310 BISHOP RD NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>			

MASSIMO SIGNORETTA - PRES.