


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90028 003 ****61.25

DOCUMENT # N34806

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 #
 Suite, Apt. #, etc.

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

City & State
 City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**PROCTON, LLOYD W
 400 SE 18 STREET
 FORT LAUDERDALE, FL 33316-2820**

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

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 NAME STREET ADDRESS CITY-ST-ZIP | D DER KAZARIAN, GREGORY 150 COLLT WAY NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete |
| 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 | DP SIGNORETTI, MASSIMO 159 COLLY WY NO LAUDERDALE, FL 33068 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BROWN, VONDA 220 MADDY LANE NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete |
| 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 | D EDWARDS, ENA 221 MADDY LANE NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir. Signoretta, Patricia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 159 Colly Way N. Lauderdale, FL 33068 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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 a similar like empowered.

SIGNATURE:  **MASSIMO SIGNORETTA** **2/14/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

934-970-7897