

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34806

FILED
Mar 16, 2011
Secretary of State

Entity Name: HUNTER GREEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1133 S UNIVERSITY DRIVE
211
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 19439
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 65-0156286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN S. VALANCY, P.A.
311 SE 13TH ST
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: SIGNORETTA, MASSIMO DP
Address: 159 COLLY WAY
City-St-Zip: POMPANO BEACH, FL 33068

Title: DVP
Name: DERKAZARIAN, GREGORY DVP
Address: 150 COLLY WAY
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: DT
Name: BROWN, VONDA DT
Address: 220 MADDY LANE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: DS
Name: SIGNORETTA, PATRICIA DS
Address: 159 COLLY WAY
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D
Name: CONDELL, INA D
Address: 228 MADDY LANE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D
Name: MCFARLANE, SYBIL D
Address: 155 COLLY WAY
City-St-Zip: NORTH LAUDERDALE, FL 33068

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MASSIMO SIGNORETTA

DP

03/16/2011

Electronic Signature of Signing Officer or Director

Date