

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90071 040 ****61.25

DOCUMENT # N34928

1. Entity Name
HUNTER'S TRAIL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1050 A ELW PKWY
OLDSMAR, FL 34677 US**

Mailing Address
**1050 A ELW PKWY
OLDSMAR, FL 34677 US**

20008135



2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite, Apt. #, etc

720 Brooker Creek Blvd. #206

City & State

Oldsmar, FL 34677

Zip

Country

02222007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3023908

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCANNAVINO, DOMINICK
1050 A ELW PKWY
OLDSMAR, FL 34677**

Name

Street Ad

Scannavino, Inc.

720 Brooker Creek Blvd. #206

City

Oldsmar, FL 34677

Code

7. Name and Address of New Registered Agent

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

Dominick Scannavino

3-27-07

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, 2007**

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 **SD** ☐ Delete
NAME **CRUM, DONALD**
STREET ADDRESS **909 LUCAS LANE**
CITY-ST-ZIP **OLDSMAR, FL**

TITLE **VD** ☐ Delete
NAME **CASSANOS, JOAN**
STREET ADDRESS **933 LUCAS LANE**
CITY-ST-ZIP **OLDSMAR, FL**

TITLE **DT** ☐ Delete
NAME **SCHACHTER, MARTIN**
STREET ADDRESS **919 LUCAS LN**
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **PD** ☐ Delete
NAME **GAURON, JUDY**
STREET ADDRESS **885 LUCAS LN**
CITY-ST-ZIP **OLDSMAR, FL**

TITLE **D** ☐ Delete
NAME **ARCHER, JOSEPH**
STREET ADDRESS **9000 LUCAS LANE**
CITY-ST-ZIP **OLDMAR, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Judy Gauron **Judy Gauron, Pres**

3/20/07

727-784-5726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #