2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N34928

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

Current Principal Place of Business:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-3023908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCANNAVINO, INC
720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 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: SD ( ) Delete
Name: CRUM, DONALD
Address: 909 LUCAS LANE
City-St-Zip: OLDSMAR, FL

Title: VD ( ) Delete
Name: CASSANOS, JOAN
Address: 933 LUCAS LANE
City-St-Zip: OLDSMAR, FL

Title: DT ( ) Delete
Name: SCHACHTER, MARTIN
Address: 919 LUCAS LN
City-St-Zip: OLDSMAR, FL 34677

Title: PD ( ) Delete
Name: GAURON, JUDY
Address: 885 LUCAS LN
City-St-Zip: OLDSMAR, FL

Title: D ( ) Delete
Name: ARCHER, JOSEPH
Address: 9000 LUCAS LANE
City-St-Zip: OLDMAR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: CRUM, DONALD
Address: 909 LUCAS LANE
City-St-Zip: OLDSMAR, FL 34677

Title: VD (X) Change ( ) Addition
Name: MARENCIC, DICK
Address: 831 LUCAS LANE
City-St-Zip: OLDSMAR, FL 34677

Title: DT (X) Change ( ) Addition
Name: BACHSTEIN, KEN
Address: 867 LUCAS LN
City-St-Zip: OLDSMAR, FL 34677

Title: PD (X) Change ( ) Addition
Name: GAURON, JUDY
Address: 885 LUCAS LN
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Change ( ) Addition
Name: ARCHER, JOSEPH
Address: 900 LUCAS LANE
City-St-Zip: OLDMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDY GAURON PD 01/14/2009

Electronic Signature of Signing Officer or Director — Date