

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortherm  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N36145 (3)**  
1. Corporation Name  
**HUNTERS LAKE ASSOCIATION, INCORPORATED**



Principal Place of Business: P.O. BOX 3325, SPRING HILL FL 34606  
Mailing Address: P.O. BOX 3325, SPRING HILL FL 34606

3. Date Incorporated or Qualified: **01/11/1990**  
3a. Date of Last Report: **03/15/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2987099</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		
30. Country			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GREEN, EDWARD  
6350 INDIAN ROCK COURT  
SPRING HILL FL 34606**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, EDWARD</b>	1.2 NAME	
STREET ADDRESS	<b>6350 INDIAN ROCK COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREY, G. D.</b>	2.2 NAME	
STREET ADDRESS	<b>1110 TYLER ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, EDWARD</b>	3.2 NAME	
STREET ADDRESS	<b>6350 INDIAN ROCK CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEIER, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>276 EAST POINT CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNN, WILLIAM</b>	5.2 NAME	
STREET ADDRESS	<b>6555 CLEARWATER DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHEDON, RON</b>	6.2 NAME	
STREET ADDRESS	<b>6533 CLEARWATER DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert J. Meier* **Robert J. MEIER** **3/15/96** **352 686 7256**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)