


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 34006	Mailing Address P.O. BOX 3325 SPRING HILL FL 34006
--	--

3. Date Incorporated or Qualified 01/11/1990	
4. FEI Number 59-2987099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
GREEN, EDWARD
6350 INDIAN ROCK COURT
SPRING HILL FL 34006

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREEN, EDWARD		1.2 NAME	
STREET ADDRESS 6350 INDIAN ROCK COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREY, G. D.		2.2 NAME	
STREET ADDRESS 1110 TYLER ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEIER, BARBARA B		3.2 NAME	
STREET ADDRESS 276 EASTPOINT CT		3.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEIER, ROBERT		4.2 NAME	
STREET ADDRESS 276 EAST POINT CT		4.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLLIER, JOHN		5.2 NAME	
STREET ADDRESS 6786 EASTBROOK		5.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHEDON, RON		6.2 NAME	
STREET ADDRESS 6533 CLEARWATER DR		6.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 A. Meier **REQUIRED** 5/1/98 362 686 7256

CR2E037 (10/97)