FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N36145

Principal Place of Business

HUNTERS LAKE ASSOCIATION, INCORPORATED

P.O. BOX 3325 SPRING HILL 1		P.O. BOX 3325 SPRING HILL FL 34606						
Principal Place of Business 2a. Mailing Address						Date Incorporated or Qualifed		
21		26	26			01/11/1990		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For		
22		27				59-2987099 Not Applicable*		
City & Stat	e	City & State	City & State			5. Certificate of Status Desired \$8.75 Additional		
23		28				Fee Required		
Zip			ountry 6. Election Campaign Financing \$5.00 May Be					
24	25)	29	30	30		Trust Fund Contribution Added to Fees		
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent		
				81	Hame			
GREEN, EDWARD				82	Street	treet Address (P.O. Box Number is Not Acceptable)		
	AN ROCK COURT							
Spring H	IILL FL 34606			83				
	More de la se			84	City	FI 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 SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE								
12.	CT TO ETTO STATE OF THE CONTROL OF T		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Borned Change Maddition		
TITLE	PD					Walter Strange AK		
NAME	GREEN, EDWARD			1.2 NAME 1.3 STREET ADDRESS 5		WAITER STARZAK 5523 CACTUS CIRCLE SPRING HILL FL 34606		
STREET ADDRESS			•	1.4 CITY-ST-ZIP		Copyright of 34/ph		
CITY-ST-ZIP	SPRING HILL FL			TLE	r-ZIP	Change Addition		
TITLE	VD			AME				
NAME	THE TO THE TO THE TOTAL THE TAIL THE THE TAIL TH			2.3 STREET ADDRESS				
STREET ADDRESS	CODING LINE SI			2.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	SD SD	DELETE		3.1 TITLE		☐ Change ☐ Addition		
NAME	MEIER, BARBARA B		3.2 N					
STREET ADDRESS	276 EASTPOINT CT		3.3 S	TREET	ADDRESS	s		
CITY-ST-ZIP	SPRING HILL FL		- 1	iTY-S				
TITLE	TD	☐ DELETE		4.1 TITLE		☐ Change ☐ Addition		
NAME	MEIER, ROBERT		4. 2 N	AME				
STREET ADDRESS	276 EAST POINT CT		4.3 \$	TREET	ADDRESS	s		
CITY-ST-ZIP	SPRING HILL FL		4.4 C(TY-		T-ZIP			
TITLE	D	☐ DELETE				☐ Change ☐ Addition		
NAME	COLLIER, JOHN		5.2 N	AME				
STREET ADDRESS	6786 EASTBROOK		5.3 S	TREET	ADDRESS	s		

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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

SPRING HILL FL

WHEDON, RON

SPRING HILL FL'

6533 CLEARWATER DR

D

DELETE

352 686 7256

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90064 003 ****61.25

* 5 800941 - 90064 - 4 1 *

Change

Addition

=#

≣:i₽