

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36145

1. Entity Name

HUNTERS LAKE ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 3325
SPRING HILL FL 34806 34611-3325

P.O. BOX 3325
SPRING HILL FL 34611-3325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
34611-3325

Country

Zip

Country

4. FEI Number

59-2987099

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, EDWARD
6350 INDIAN ROCK COURT
SPRING HILL FL 34606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, EDWARD	
STREET ADDRESS	6350 INDIAN ROCK COURT	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FREY, G. D.	
STREET ADDRESS	1110 TYLER ROAD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MEIER, BARBARA B.	
STREET ADDRESS	276 EASTPOINT CT	MOVED
CITY-ST-ZIP	SPRING HILL FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MEIER, ROBERT	
STREET ADDRESS	276 EAST POINT CT	MOVED
CITY-ST-ZIP	SPRING HILL FL	
TITLE	OTD	<input type="checkbox"/> Delete
NAME	COLLIER, JOHN	
STREET ADDRESS	6786 EASTBROOK	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEDON, RON	
STREET ADDRESS	6533 CLEARWATER DR	
CITY-ST-ZIP	SPRING HILL FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature)
Signature and typed or printed name of signing officer or director

4/27/00

Date

352-683-7752

352-686-5459

Daytime Phone #

CFR2E037 (9/99)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90149 024 ****61.25



DO NOT WRITE IN THIS SPACE