

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90717 024 ****61.25

DOCUMENT # N36145

1. Entity Name

HUNTERS LAKE ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 3325
 SPRINGHILL FL 34611-3325

P.O. BOX 3325
 SPRING HILL FL 34606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2987099

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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 **DOUG DERESPICIS**

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

274 Rusk Circle

City **Spring Hill**

FL

Zip Code **34606**

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 Delete
 NAME **PD GREEN, EDWARD**
 STREET ADDRESS **6350 INDIAN ROCK COURT**
 CITY-ST-ZIP **SPRING HILL FL**

TITLE Change Addition
 NAME **PRESIDENT DOUG DERESPICIS**
 STREET ADDRESS **274 Rusk Circle**
 CITY-ST-ZIP **Springhill, FL 34606**

TITLE Delete
 NAME **VD FREY, G. D.**
 STREET ADDRESS **1110 TYLER ROAD**
 CITY-ST-ZIP **SPRING HILL FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D COLLIER, JOHN**
 STREET ADDRESS **6786 EASTBROOK**
 CITY-ST-ZIP **SPRING HILL FL**

TITLE Change Addition
 NAME **SECRETARY ROBIN DERESPICIS**
 STREET ADDRESS **274 Rusk Circle**
 CITY-ST-ZIP **Spring Hill FL 34606**

TITLE Delete
 NAME **D WHEDON, RON**
 STREET ADDRESS **6533 CLEARWATER DR**
 CITY-ST-ZIP **SPRING HILL FL**

TITLE Change Addition
 NAME **TREASURER MAUREEN CARPER (CARPER)**
 STREET ADDRESS **1172 TYLER AVE**
 CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(i), 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

Date

Daytime Phone #

DOUG DERESPICIS President

4/26/01 (322) 688-5939

CR2E037 (10/00)