

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90423 022 ****61.25



DOCUMENT # N36145				1. Entity Name HUNTERS LAKE ASSOCIATION, INCORPORATED	
Principal Place of Business P.O. BOX 3325 SPRINGHILL, FL 34611-3325			Mailing Address 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		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONNER, MICHAEL D 6250 CRANBROOK COURT SPRING HILL, FL 34606				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State: 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Michael D. Conner</i>				DATE: <i>4/27/2006</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREY, G. D.		NAME		
STREET ADDRESS	1110 TYLER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONNER, MICHAEL D		NAME		
STREET ADDRESS	6250 CRANBROOK COURT		STREET ADDRESS	<i>5379 Hunters Lake Rd. #2</i>	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARPER, ART		NAME		
STREET ADDRESS	1172 TYLER AVE.		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONNER, THELMA T		NAME		
STREET ADDRESS	6250 CRANBROOK COURT		STREET ADDRESS	<i>5379 Hunters Lake Rd. #2</i>	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, ARTHUR		NAME		
STREET ADDRESS	5570 BAFFIN CIR		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRISWOLD, MARK		NAME		
STREET ADDRESS	5587 CACTUS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Michael D. Conner</i>				DATE: <i>4/27/2006</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



04272006 Chg-NP CR2E037 (4/06)

4. FEI Number **59-2987099** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required