


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-NP CR2E037 (4/06)

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. Name and Address of Current Registered Agent CONNER, MICHAEL D 6250 CRANBROOK COURT SPRING HILL, FL 34606	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000661836 03/20/07-80058-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREY, G. D. 1110 TYLER AVENUE SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNER, MICHAEL D 5379 HUNTERS LAKE RD SUITE 2 SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPER, ART 1172 TYLER AVE. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNER, THELMA T 5379 HUNTERS LAKE RD SUITE 2 SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ARTHUR 5570 BAFFIN CIR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRISWOLD, MARK 5587 CACTUS CIRCLE SPRING HILL, FL 34606

**DO NOT WRITE
IN THIS SPACE**

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: Michael D. Conner Michael D. Conner 3/6/07 352-238-0873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #