


**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**

**DO NOT WRITE IN THIS SPACE**



03062007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2987099</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**CONNER, MICHAEL D  
 6250 CRANBROOK COURT  
 SPRING HILL, FL 34606**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000661836  
 03/20/07-80058-009 61.25

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

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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 #