


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N36145 1. Entity Name HUNTERS LAKE ASSOCIATION, INCORPORATED	
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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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04232008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2987099	Applied For 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 34806

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2008**

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

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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05/16/08-80018-013 61.25

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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 **4/23/08** **352 - 683-0329**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #