

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36145

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: HUNTERS LAKE ASSOCIATION, INCORPORATED

## Current Principal Place of Business:

P.O. BOX 3325  
SPRINGHILL, FL 346113325

## New Principal Place of Business:

HUNTERS LAKE  
SPRINGHILL, FL 346113325 US

## Current Mailing Address:

P.O. BOX 3325  
SPRING HILL, FL 346113325

## New Mailing Address:

FEI Number: 59-2987099      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CONNER, MICHAEL D  
5379 HUNTERS LAKE RD.  
#2  
SPRING HILL, FL 34606 US

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:

04/03/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD      (X) Delete  
Name: FREY, G. D.  
Address: 1110 TYLER AVENUE  
City-St-Zip: SPRING HILL, FL

Title: PD      ( ) Delete  
Name: CONNER, MICHAEL D  
Address: 5379 HUNTERS LAKE RD SUITE 2  
City-St-Zip: SPRING HILL, FL 34606

Title: D      ( ) Delete  
Name: CARPER, ART  
Address: 1172 TYLER AVE.  
City-St-Zip: SPRING HILL, FL 34606

Title: SD      ( ) Delete  
Name: CONNER, THELMA T  
Address: 5379 HUNTERS LAKE RD SUITE 2  
City-St-Zip: SPRING HILL, FL 34606

Title: D      ( ) Delete  
Name: THOMAS, ARTHUR  
Address: 5570 BAFFIN CIR  
City-St-Zip: SPRING HILL, FL 34606

Title: TD      ( ) Delete  
Name: GRISWOLD, MARK  
Address: 5587 CACTUS CIRCLE  
City-St-Zip: SPRING HILL, FL 34606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. CONNER

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date