2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N37850

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF

FILED Feb 09, 2006 8:00 am Secretary of State 02-09-2006 90037 050 ****61.25

1. Entity Nam HUNTER' CITA, INC	S GREEN HOMEOWNERS									
Principal Place P. O. BOX 11 TITUSVILLE, I	Address OX 1101 ILLE, FL 32781			60013136 **********************************						
2. Principal Place of Business 3. Mai			iling Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			01032006	Chg-NP	CR2E03	37 (11/05)	
City & State		City	City & State			4. FEI Number 59-3002				plied For t Applicable
Zip	Country	Zip		Cou	ntry	5. Certificate o	f Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New F	Registered /	Agent	
VENUTI, LOUIS					Street Address (P.O. Box Number is Not Acceptable)					
400 ORANGE STREET TITUSVILLE, FL 32796					Street Address	(F.O. Box Number	is Not Acceptabl	 -		- -
					City			FL	Zip Code)
	named entity submits this statement fi ions of registered agent.	or the purpo:	se of changing its r	egistere	ed office or registe	ered agent, or both	, in the State of FI	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applic	cable. (NOTE:	Registere	d Agent signature require	ed when reinstating)		DATE	···	
	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees			c payable to tment of St			
10.	OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND DI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PET HERMAN, COLE 776 FLORENCIA CIRCLE TITUSVILLE, FL 32780		□ Delete		l l				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JUDY, DONNELLY 784 FLORENCIA CIRCLE TITUSVILLE, FL 32780		☐ Delete		1				☐ Change	Addition
, TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHN, ANDREWS 777 FLORENCIA CIRCLE TITUSVILLE, FL 32780		☐ Delete		į.				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete		l				Change	Addition
12. I hereby indicated of the co-	certify that the information supplied widen this report or supplemental report poration or the receiver or trustee em to one an attachment with an address	th this filing is true and a powered to with all other	does not qualify for accurate and that mexecute this repon- er like embowered	the exing signal as requ	emptions containe itule shall have the ifed by Chapter 6	ed in Chapter 119, e same legal effect 17, Florida Statute	Florida Statutes. as if made under a; and that my nar	I further cer oath; that I ne appears	tify that the in am an officer in Block 10 o	nformation or director r Block 11 if

SIGNING OFFICER OR DIRECTOR