

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90042 040 ****61.25

DOCUMENT # N37850

1. Entity Name
**HUNTER'S GREEN HOMEOWNERS ASSOCIATION OF LA
CITA, INC.**



Principal Place of Business

**P. O. BOX 1101
TITUSVILLE, FL 32781**

Mailing Address

**P. O. BOX 1101
TITUSVILLE, FL 32781**

40011000



01232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3002128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VENUTI, LOUIS
400 ORANGE STREET
TITUSVILLE, FL 32796**

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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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

✓
TITLE PD
NAME HERMAN, COLE
STREET ADDRESS 776 FLORENCIA CIRCLE
CITY-ST-ZIP TITUSVILLE, FL 32780

✓
TITLE VD
NAME JUDY, DONNELLY
STREET ADDRESS 784 FLORENCIA CIRCLE
CITY-ST-ZIP TITUSVILLE, FL 32780

✓
TITLE STD
NAME JOHN, ANDREWS
STREET ADDRESS 777 FLORENCIA CIRCLE
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07

Date

Daytime Phone #