


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90024 050 ****61.25

DOCUMENT # N38182 1. Entity Name HUNTER'S CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 766 GONZALEZ, FL 32560-0766 US			Mailing Address P. O. BOX 766 GONZALEZ, FL 32560-0766 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3109916	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BURKS, LEROY 1512 HUNTER'S CREEK DRIVE CANTONMENT, FL 32533				7. Name and Address of New Registered Agent Name <u>FRANCIS J BEEBY</u> Street Address (P.O. Box Number is Not Acceptable) <u>1504 HUNTER'S CREEK DRIVE</u> City <u>CANTONMENT</u> FL <u>32533</u>	
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 <u>FRANCIS J BEEBY TREASURER</u> <u>Francis J Beeby</u> <u>1-21-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASSIDY, DANIEL 1558 HUNTER'S CREEK DR CANTONMENT, FL 32533	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODE, BEVERLY 1555 HUNTER'S CREEK DRIVE CANTONMENT, FL 32533	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBBS, KAREN 1615 HUNTER'S CREEK DRIVE CANTONMENT, FL 32533	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TRIA, JOHN JR 1570 HUNTER'S CREEK DRIVE CANTONMENT, FL 32533	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURKS, LEROY 1512 HUNTER'S CREEK DR CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPEHART, DONALD 1574 HUNTER'S CREEK DRIVE CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENNIS DURANT 1594 HUNTER'S CREEK DR CANTONMENT FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOODE, BEVERLY 1555 HUNTER'S CREEK DRIVE CANTONMENT FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANCIS J BEEBY 1504 HUNTER'S CREEK DRIVE CANTONMENT FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIA, JOHE JR 1570 HUNTER'S CREEK DRIVE CANTONMENT FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOE MATHEWS 1546 HUNTER'S CREEK DRIVE CANTONMENT FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, DANIEL 1558 HUNTER'S CREEK DR CANTONMENT FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>FRANCIS J BEEBY</u> <u>Francis J Beeby</u> <u>TREASURER</u> <u>1-21-05</u> <u>850-968-3620</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					