


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90043 013 \*\*\*\*61.25

<b>DOCUMENT # N38182</b> 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 - No P.O. Box # HUNTERS CREEK SUBDIVISION		3. Mailing Address Suite, Apt. #, etc.			
City & State CANTONMENT FL		City & State		4. FEI Number 59-3109916	
Zip 32533		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, DONALD C JR 1501 HUNTER'S CREEK DRIVE CANTONMENT, FL 32533			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAPEHART, DONALD 1574 HUNTER'S CREEK DR CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, DONALD C JR. 1501 HUNTERS CREEK DR CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SUE 1574 HUNTER'S CK DR CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANCASSIDY 1558 HUNTERS CREEK DR CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARISH, DAVID 1567 HUNTER'S CK DR CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRIA, JOHN JR 1570 HUNTER'S CREEK DRIVE CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARISH, MONICA 1568 HUNTER'S CREEK DRIVE CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, DONALD C JR 1501 HUNTER'S CREEK DR CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Donald C Brown Jr</u> <u>Donald C Brown Jr</u> <u>1-21-08</u> <u>850 9379135</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					