

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38204

FILED
Mar 08, 2008
Secretary of State

Entity Name: HUNTER'S GREEN PARCEL 6 NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

17709 GREY EAGLE RD
TAMPA, FL 33647 US

New Principal Place of Business:

17708 GREY EAGLE RD
TAMPA, FL 33647 US

Current Mailing Address:

PO BOX 46263
TAMPA, FL 33647 US

New Mailing Address:

PO BOX 46263
TAMPA, FL 33646 US

FEI Number: 59-3020095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSS, ERIC
17709 GREY EAGLE ROAD
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

JOHNSON, BARBARA
17708 GREY EAGLE ROAD
TAMPA, FL 33647 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: BARBARA JOHNSON

03/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: RUSS, ERIC
Address: 17709 GREY EAGLE ROAD
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: GEMBAROWSKI, CHUCK
Address: 17708 SHANNON OAKS
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: WICKERSHAM, MIKE
Address: 17703 GREY EAGLE RD
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: JOHNSON, BARBARA
Address: 17708 GREY EAGLE RD
City-St-Zip: TAMPA, FL 33647

Title: VD () Delete
Name: MICHELSON, MICHAEL
Address: 17706 GREY EAGLE
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: MYERS, SANDI
Address: 8904 COPPER RIDGE RD
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: JOHNSON, BARBARA
Address: 17708 GREY EAGLE ROAD
City-St-Zip: TAMPA, FL 33647

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

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

Title: PD (X) Change () Addition
Name: RUSS, ERIC
Address: 17709 GREY EAGLE RD
City-St-Zip: TAMPA, FL 33647

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: BARBARA JOHNSON

TD

03/08/2008

Electronic Signature of Signing Officer or Director

Date