2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N38204

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

Current Principal Place of Business:

17708 GREY EAGLE RD
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 46263
TAMPA, FL 33646 US

New Mailing Address:

FEI Number: 59-3020095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	JOHNSON, BARBARA	
Address:	17708 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:	RUSS, ERIC	
Address:	17709 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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DELMAN, MICHAEL	
Address:	17714 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:		
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 04/13/2009

Electronic Signature of Signing Officer or Director — Date