

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38426 (5)
1. Corporation Name
HUNTER CREEK VILLAGE HOMEOWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address
C/O MERLAND MCOQUEEN **C/O MERLAND MCOQUEEN**
1589 IBIS COURT **1589 IBIS COURT**
PUNTA GORDA FL 33982 **PUNTA GORDA FL 33982**

3. Date Incorporated or Qualified **05/31/1990** 3a. Date of Last Report **03/02/1995**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **C/O NORMAN L. MADDY** 26 **C/O NORMAN L. Maddy**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **1668 Ibis Ct.** 27 **1668 Ibis Ct.**
City & State City & State
23 **Punta Gorda, Fla. 33982** 28 **Punta Gorda, Fla. 33982**
Zip Country Zip Country
24 **33982** 25 **USA** 29 **33982** 30 **USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
NILSSON, VERONICA 81 Name
1619 IBIS COURT 82 Street Address (P.O. Box Number is Not Acceptable)
PUNTA GORDA FL 33982 83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Veronica Nilsson (NOTE: Registered Agent signature required when reinstating) DATE 2/6/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	1.1 TITLE	President/PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCOQUEEN, MERLAND	1.2 NAME	Norman L. Maddy
STREET ADDRESS	1589 IBIS COURT	1.3 STREET ADDRESS	1668 Ibis Ct.
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	Punta Gorda, Fla. 33982
TITLE	SD <input checked="" type="checkbox"/> DELETE <input type="checkbox"/>	2.1 TITLE	Vice President (VP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALEY, PATRICIA	2.2 NAME	Richard Carlson
STREET ADDRESS	1686 IBIS COURT	2.3 STREET ADDRESS	1674 Ibis Ct.
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	Punta Gorda, Fla. 33982
TITLE	TD <input type="checkbox"/> DELETE <input type="checkbox"/>	3.1 TITLE	Secretary/SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NILSSON, VERONICA	3.2 NAME	Jayle Carlson
STREET ADDRESS	1619 IBIS CT	3.3 STREET ADDRESS	1674 Ibis Ct.
CITY-ST-ZIP	PUNTA GORDA FL 33982	3.4 CITY-ST-ZIP	Punta Gorda, Fla. 33982
TITLE	<input type="checkbox"/> DELETE <input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE <input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Veronica Nilsson **VERONICA NILSSON** 2/6/96 941-637-7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)