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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38426 (5)

1. Corporation Name
HUNTER CREEK VILLAGE HOMEOWNERS ASSOCIATION, INC



Principal Place of Business C/O NORMAN MADDY 1668 IBIS COURT PUNTA GORDA FL 33982 US	Mailing Address C/O NORMAN MADDY 1668 IBIS COURT PUNTA GORDA FL 33982-1137 US
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3. Date Incorporated or Qualified 05/31/1990	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business 21. C/o Patricia RALEY Suite, Apt. #, etc. 22. 1686 IBIS COURT City & State 23. PUNTA GORDA, FL. Zip 24. 33982	2a. Mailing Address 26. C/o Patricia RALEY Suite, Apt. #, etc. 27. 1686 IBIS COURT City & State 28. PUNTA GORDA, FL. Zip 29. 33982	Country 25. U.S.A. 30. USA
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

NILSSON, VERONICA
1619 IBIS COURT
PUNTA GORDA FL 33982

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
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* DATE: *1/21/97*

Signature, typed or printed name of registered agent, and Title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MADDY, NORMAN	
STREET ADDRESS	1668 IBIS COURT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CARLSON, RICHARD	
STREET ADDRESS	1674 IBIS COURT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NILSSON, VERONICA	
STREET ADDRESS	1619 IBIS CT	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARLSON, JAYNE	
STREET ADDRESS	1674 IBIS COURT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RALEY, Patricia	
1.3 STREET ADDRESS	1686 IBIS COURT	
1.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33982	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CORLESS, DAVID	
2.3 STREET ADDRESS	29026 WOOD DUCK DRIVE	
2.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33982	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MADDY, NORMAN	
4.3 STREET ADDRESS	1668 IBIS COURT	
4.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33982	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *Patricia RALEY* DATE: *1-21-97*

CR2E037 (9/96)