Amended

FILED
04 AUG 12 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400040360554
08/20/04--01047--001 **61.25

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N40740

1. Entity Name
HOMEOWNERS ASSOCIATION OF HUNTER'S LAKE INC.

Principal Place of Business	Mailing Address
10138 U.S. HWY. 19 PORT RICHEY, FL 34668 US	10138 U.S. HWY. 19 PORT RICHEY, FL 34668 US

07152004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
12423 BIGHORN CT.	12423 BIGHORN CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY FL	City & State: NEW PORT RICHEY FL
Zip: 34654 Country: US	Zip: 34654 Country: U.S.

4. FEI Number: 59-3392270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWARTSEL, MARK E 10138 U.S. HWY 19 PORT RICHEY, FL 34668	Name: CHERYL MANTZKE Street Address (P.O. Box Number is Not Acceptable): 12423 BIGHORN CT City: NEW PORT RICHEY FL Zip Code: 34654

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: Cheryl Mantzke / Treasurer 8-6-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SWARTSEL, MARK E 10138 U.S. HWY 19 PORT RICHEY, FL 34668	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHERYL MANTZKE 12423 BIGHORN CT NEW PORT RICHEY, FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEISS, REGAN S P.O. BOX 670 PORT RICHEY, FL 34673	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILLIAM MULLEN 12403 BIGHORN CT NEW PORT RICHEY FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COUCH, AMANDA 12453 SNOWMAN CT. NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JACK FESS P.O. BOX 670 PORT RICHEY FL 34653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESSA, VINCENT 12432 WASATCH CT. NEW PORT RICHEY, FL 34654	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAYNE MANTZKE 12423 BIGHORN CT NEW PORT RICHEY FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEGREGORIO, PAT P.O. BOX 670 PORT RICHEY, FL 34673	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom VEEN 12345 WASATCH NEW PORT RICHEY FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VEEN, SUE 12345 WASATCH CT NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dominick LESSA 12443 BIGHORN CT NEW PORT RICHEY FL 34654	☐ Change ☒ Addition

12. I 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 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.

SIGNATURE: Cheryl Mantzke 8-6-04 727-857-9299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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SWARTSEL, MARK E 10138 U.S. HWY 19 PORT RICHEY, FL 34668	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 _____ DATE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SWARTSEL, MARK E 10138 U.S. HWY 19 PORT RICHEY, FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEATH SCHNEIDER 11928 TASHA CT NEW PORT RICHEY FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEISS, REGAN S P.O. BOX 670 PORT RICHEY, FL 34673	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COUCH, AMANDA 12453 SNOWMAN CT. NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESSA, VINCENT 12432 WASATCH CT. NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEGREGORIO, PAT P.O. BOX 670 PORT RICHEY, FL 34673	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR