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2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # N40740 1. Entity Name HOMEOWNERS ASSOCIATION OF HUNTER'S LAKE INC.					04 AUG 12 AN 8: 37					
Principal Place of Business Mailing Address 10138 U.S. HWY. 19 PORT RICHEY, FL 34668 US PORT RICHEY, FL 34668 US				4. (08/20	000403 000403 070401047		5 4 **61.2	5 		
	BIGHORN CT.	HORN CT								
City & State	9 0		07152004 4. FEI Numb 59-339		CR2E037 (Арр	lied For			
<u>NEW Po</u> Zip 34655	Country	NEW PORT RI	Country U.S.		of Status Desired		Not . 3.75 Addit Required			
0,00	6. Name and Address of Current		1	7. Name and	Address of New F	Registered Age	ent	• • • •		
	O. Interio bild Addictor of Obstant	10 giotai ca rigain	Name*							
SWARTSEL, MARK E 10138 U.S. HWY 19 PORT RICHEY, FL 34668				Street Address (P.O. Box Number is Not Acceptable) 12423 1316 Horzy						
			City	W PORT R	ICHEY	FL	Zip Code	54		
	named entity submits this statement fo	r the purpose of changing its	registered office o	r registered agent, or bo	th, in the State of Fl	lorida. I am fam	niliar with, a	ınd accept		
signature. Signature, typed of 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.										
	Amended AR is \$61.25			\$5.00 May 6 Added to Fees	3 0	lake check po rida Departme	-			
10.	Amended AR is \$61.25 OFFICERS AND DIF	Trust Fund C		Added to Fees	3 0	rida Departme	ent of Sta	ite		
	OFFICERS AND DIE DT SWARTSEL, MARK E 10138 U.S. HWY 19	Trust Fund C	ontribution.	Added to Fees ADDITIONS/CF	HANGES TO OFFICE	ERS AND DIREC	ent of Sta	ite		
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TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND DIE DT SWARTSEL, MARK E 10138 U.S. HWY 19 PORT RICHEY, FL 34668 VP WEISS, REGAN S P.O. BOX 670 PORT RICHEY, FL 34673 D COUCH, AMANDA 12453 SNOWMAN CT. NEW PORT RICHEY, FL 34654 D LESSA, VINCENT 12432 WASATCH CT. NEW PORT RICHEY, FL 34654 P DEGREGORIO, PAT P.O. BOX 670	Trust Fund C RECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees ADDITIONS/CH T CHERYL M 12423 BI NEW PORT NEW PORT P JACK FES D.O. BOX G PORT RICH WAYNE M 12423 B NEW PORT D NEW PORT TOM VEE TOM VEE	HANGES TO OFFICE DANTZKE CHORN C RICHEY, MULLEN CHORN CT RICHEY STO JEY FL JANTZKE JGHORN C RICHEY RICHEY RICHEY RICHEY RICHEY RICHEY RICHEY RICHEY RICHEY	3465.	CTORS IN 1 Change Change Change Change Change Change Change Change	Addition Addition		
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727-857-9299 Daytime Phone #

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DOCUMENT # N40740 1. Entity Name HOMEOWNERS ASSOCIATION OF HUNTER'S LAKE INC.											
Principal Place of Business Mailing Address 10138 U.S. HWY. 19 10138 U.S. HWY. 19 PORT RICHEY, FL 34668 US PORT RICHEY, FL 34668 U									- m,	1	191
2. Principal Pla		3. Mailing Address									
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				07152004	Chg-NP	CR2E0	37 (10/03)	77 12 - 1	
City & State		City & State				4. FEI Number 59-3392	270		_ 	olied For Applicable	
Zip	Country	Zip Cou			ntry		5. Certificate of Status Desired Section Fee Required				
	6. Name and Address of Current	Registered	I Agent		Name		7. Name and A	ddress of New R	egistered	Agent	
SWARTSEL, MARK E 10138 U.S. HWY 19 PORT RICHEY, FL 34668					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 _	Signature, typed or printed name of registered agent	and title if appli	cable. (NOT	E: Registered	Agent signatu	re required	d when reinstating)	,	DATE		
4	Imended AR is \$61.25		9. Election Car Trust Fund (\$5.00 May Be Added to Fees			k payable to rtment of St	
10.	OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHA	NGES TO OFFICE	RS AND D		
TITLE NAME	DT SWARTSEL, MARK E		☐ Delete	TITLE NAME	LIEATH SAHAIE, NED						
	DDRESS 10138 U.S. HWY 19				T ADDRESS ST-ZIP	NE.	28 TAS. W PORT	RICHEY	FL	3465	4
TITLE	VP		☐ Delete	TITLE				,	-	☐ Change	Addition
1	WEISS, REGAN S P.O. BOX 670			NAME STREE	T ADDRESS						
CITY-ST-ZIP	PORT RICHEY, FL 34673			CITY-	ST-ZIP						
TITLE NAME	D COUCH, AMANDA		Delete	TITLE	1					☐ Change	☐ Addition
STREET ADDRESS	12453 SNOWMAN CT.			STREE	T ADDRESS		-				
CITY-ST-ZIP	D NEW PORT RICHEY, FL 34654		Delete	CITY-	ST-ZIP					☐ Change	☐ Addition
TITLE NAME	LESSA, VINCENT		C Delete	NAME							
STREET ADDRESS CITY-ST-ZIP	12432 WASATCH CT. NEW PORT RICHEY, FL 34654				T ADDRESS ST-ZIP						
TITLE	P		☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADORESS	DEGREGORIO, PAT P.O. BOX 670			NAME	ET ADDRESS						
CTTY-ST-ZIP	PORT RICHEY, FL 34673				ST-ZIP						
TITLE	S VEEN, SUE		☐ Delete	TITLE						Change	☐ Addition .
NAME STREET ADDRESS	12345 WASATCH CT			STREE	ET ADDRESS						
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654 entity that the information supplied with		does not availée é		ST-ZIP	ed in C	ection 119.07/3VF	Florida Statutes	I further or	ertify that the in	formation
indicated of the corr	on this report or supplemental report in poration or the receiver or trustee emp or on an attachment with an address,	s true and a owered to	accurate and that execute this repor	my signat t as requir	ure snall n	ave ine	same legal effect	as ir made under	oam: mac	am an onicer	or allector i