

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47931** (3)  
1. Corporation Name  
**HUNTERS' CROSSING P/D OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>5000 NW 27TH CT. STE. C GAINESVILLE FL 32606 US</b>	Mailing Address <b>P.O. BOX 147050 SUITE 30 GAINESVILLE FL 32614-7050 US</b>
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3. Date Incorporated or Qualified <b>03/18/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3178270</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>2830 NW 41 St.</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>Suite F</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Gainesville, FL</b>	City & State 28
Zip 24 <b>32606</b>	Country 25
Country 25	Zip 29
Country 29	Country 30

9. Name and Address of Current Registered Agent  
**SMITH, BEVERLY K.  
5000 NW 27TH CT.  
STE. C  
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent  
81 Name  
**Smith, Beverly K.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2830 NW 41 St.**  
83  
**Suite F**  
84 City  
**Gainesville** **FL** 85 Zip Code  
**32606**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WALLACE, HOWARD K</b>	
STREET ADDRESS	<b>4509 NW 23RD AVE., STE. 18</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCLEOD, DEBBIE</b>	
STREET ADDRESS	<b>4121 NW 37TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MALOOF, RICHARD</b>	
STREET ADDRESS	<b>200 - 1ST AVE., N., STE. 204</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>STD</b>
3.3 STREET ADDRESS	<b>Cabbage, Gilbert &amp; 10407 Centurian Parkway N. - Suite 108</b>
3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 or as an attachment with an address.

SIGNATURE: \_\_\_\_\_ **4-30-97** **852/317-2240**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011982

CR2E037 (9/96)