2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

Apr 21, 2008 8:00 am Secretary of State DOCUMENT # N92000000764 04-21-2008 90060 039 ****61.25 HUNTERS CREEK OF WEST MELBOURNE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 120156 **HUNTERS CREEK SUBDIVISION** W MELBOURNE, FL 32912-0154 US W MELBOURNE, FL 32904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 Chg-NP CR2E037 (12/06) FEI Number 59-3208259 Applied For City & State City & State Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLUMBERG, SANDRA 871 HUNTERS CREEK DR Street Address (P.O. Box Number is Not Acceptable) WEST MELBOURNE, FL 32904 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 famillar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition BLUMBERG, SANDRA NAME NAME STREET ADDRESS 871 HUNTERS CREEK DR STREET ADDRESS CITY-ST-ZIP WEST MELBOURNE, FL 32904 CITY-ST-ZIP PD ☐ Change ☐ Delete ☐ Addition TITLE TAYLOR, DALE R NAME NAME 874 HUNTERS CREEK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W MELBOURNE, FL 32904 CITY-ST-ZIP Delete TITLE Change Change * Addition KENNEY# DUNIVANT DORSKI, TERRY NAME NAME 880 HUNTERS LEEKLR. STREET ADDRESS STREET ADDRESS 801 CROSSBOW CITY-ST-ZIP MELBOURNE, FL 32904 CITY-ST-7IP WEST MERBORDE, FL 3290 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

FILED