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FILED  
Apr 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000004910 (6)**

1. Corporation Name

**HUNTER'S GREEN PARCEL 10 NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**189002 GREN PINE LANE  
TAMPA FL 33647  
US**

**189002 GREN PINE LANE  
TAMPA FL 33647  
US**



2. Principal Place of Business

2a. Mailing Address

**21 13902 N. Dale Mabry Hwy.**

**26 13902 N. Dale Mabry Hwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 165**

**27 Suite 165**

City & State

City & State

**23 Tampa, FL**

**28 Tampa, FL**

Zip

Zip

Country

Country

**24 33618-2424**

**25 USA**

**29 33618-2424**

**30 USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**11/01/1993**

3a. Date of Last Report  
**04/19/1996**

4. FEI Number  
**59-3244766**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

**GREENE, WILLIAM B  
8709 HUNTER'S GREEN DR.  
TAMPA FL 33647**

81 Name

**W. Parkinson Myers**

82 Street Address (P.O. Box Number is Not Acceptable)

**13902 N. Dale Mabry Hwy.**

83

**Suite 165**

84 City

**Tampa**

**FL**

85

**Zip Code  
33618**

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

*W. Parkinson Myers*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/7/97**

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE

NAME **GREENE, WM. BRITTON**  
STREET ADDRESS **8709 HUNTER'S GREEN DRIVE**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **DST** ☒ DELETE

NAME **MCMURTRY, NELL L**  
STREET ADDRESS **8709 HUNTER'S GREEN DRIVE**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☒ DELETE

NAME **BLAKLEY, JOHN C**  
STREET ADDRESS **8709 HUNTER'S GREEN DRIVE**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☒ Addition

1.2 NAME **W. Parkinson Myers**  
1.3 STREET ADDRESS **13902 N. Dale Mabry Hwy., Suite 165**  
1.4 CITY-ST-ZIP **Tampa, FL 33618-2424**

2.1 TITLE **DS** ☐ Change ☒ Addition

2.2 NAME **Victor R. Fransen**  
2.3 STREET ADDRESS **8221 Old Courthouse Rd., Suite 204**  
2.4 CITY-ST-ZIP **Vienna, VA**

3.1 TITLE **DT** ☐ Change ☒ Addition

3.2 NAME **Marcus C. Hutchinson**  
3.3 STREET ADDRESS **8221 Old Courthouse Rd., Suite 204**  
3.4 CITY-ST-ZIP **Vienna, VA**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

*W. Parkinson Myers*

CR2E037 (9/96)