## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000001949

FILED Apr 11, 2005 Secretary of State

Entity Name: HUNTERS RIDGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
63499 ST ULEE, FI	FATE ROAD 200 L 32097 US			
Current Mailing Address:		New Mailing Address:		
O BOX 1 ULEE, FI				
El Number	: 59-3245595	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:
63499 ST	TERRELL J FATE ROAD 200 L 32097 US			
	e named entity su e of Florida.	bmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
the State	e of Florida.	bmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
the State	e of Florida. * RE:	bmits this statement for the positions of the positions of Registered Agreement for the positions of the pos		ed office or registered agent, or both,  Date
n the State	e of Florida. * RE:	: Signature of Registered Ag	ent	
n the State	e of Florida.  RE: Electronic  S AND DIRECT	Signature of Registered Agones: Delete N ULL DR N	ent	Date
n the State  IGNATUI  DFFICER:  itte:  ame:  ddress:	e of Florida.  RE:  Electronic  S AND DIRECTO  D () E  PORTER, SHAWI 12421 ANTLER H  JACKSONVILLE,	Signature of Registered Agones:  Delete N  JULL DR N  FL 32224  Delete Y  JEAM DR.	ent  ADDITIONS/CHANG  Title:  Name:  Address:	Date BES TO OFFICERS AND DIRECTOR
the State IGNATUI  FFICER  ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida.  RE:  Electronic  S AND DIRECT  D () D  PORTER, SHAWI 12421 ANTLER H  JACKSONVILLE,  VPD () D  KRAUS, JEFFRE 12345 BLUE STR  JACKSONVILLE,	Signature of Registered Agonas:  Delete N IILL DR N FL 32224 Delete Y EAM DR. FL 32224 Delete THY EAF LANE 5	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR:  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRELL J POWELL RA 04/11/2005