## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	N94000002440	(5)
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## HUNTERS TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place	e of Business			ailing Address					TORRING SOUND SOUND FOR THE	HIN OUTH OUTH ARM		A DOM IRA	
940 NORTHEAST 50TH AVENUE 940 NORTHEAST 50TH AVENUE OCALA FL 34470 OCALA FL 34470				:									
									3. Date incorporated or Qualified 05/16/1994	3a. Date of 1	ast Rec 3/1995		7
<ol> <li>Principal P</li> </ol>	lace of Busines	s	2a 26	Mailing Address					4. FEI Number 59-3258941		<del>- ' ' -</del>	lied For Applicable	<u>-</u>
Suite, Apt.	#, etc.	12	27	Suite, Apt. #, etc.			7. 17. Mile issue		5. Certificate of Status Desired	1 1 7 7	.75 Ac	Iditional	1
City & Stat	е		28	City & State					Election Campaign Financing     Trust Fund Contribution	\$!	5.00 N	lay Be	1
Ζιρ <b>24</b>	2	Gountry 5	29	Zιρ	30	untry			8. This corporation has liability for int				┪
	9. Name a	nd Address of Curi	ent Regis	tered Agent	——————————————————————————————————————				10. Name and Address of New Reg				┪
						81	Name						ヿ゙
	HARLES E					82	Street	Addres	s (P.O. Box Number is Not Acceptable)	···			4
	E. 17TH STRI	EET						7103100	o (1.0. box Hornbor to Hot Acceptable)				
UUALA I	FL 34471					83							
· :						84	City	•		FL 85	Zip Co	de	٦
		is of Sections 617.05 oth, in the State of Fk the obligations of, Se				ove-r corp	named co	orporation board of	on submits this statement for the purpo of directors. I hereby accept the appoin	<del></del>	its regist ered age	tered office int. I am	•
SIGNATURE .	Cloop to the bound of	printed name of registered ag							····				
12.	Sig lattire, typed bi	OFFICERS A	NO DIDEC	ADDICADIO (	NOTE: Registered	Agen	t signature	required wit		DATE	OTO DO	11.10	١
TITLE	PD	OI HOLMS A	ND DINEC	DELETE	1,1 Ti	TI E		7	ADDITIONS/CHANGES TO OFFICE				4
NAME		n, elbert w		Parreir	1.1 N			ĺ	90000174 -03/18/960104	00 <u>2</u> 5	fie [	] Addition	-
STREET ADDRESS		SOTH AVENUE					address	ł	-03/18/960104	9004			
CITY-ST-ZIP	OCALA FL					ITY-S			***61.25				- [0
TITLE	STD			DEFELE	2.1 Ti		ı - Zır	SEC	RETARY . D	<b>⊠</b> Char	70	Addition	4
NAME	SJOLUND,	DONALD			2.2 N			<b>ς</b> τ	MUND BONALD	E CHAI	go L	_ Addition	
STREET ADDRESS		9TH STREET					ADDRESS	510	2 N.E. 9 STREET				I
CITY-ST-ZIP	OCALA FL						T-ZIP		ALA, FL. 34470				1
TITLE	VD			DELETE	31 TI		1-711		EASURER D	<b>万</b> 4 Chan	<u></u>	Addition	4
NAME	DELL, JOH	IN		_	3.2 N/			ے ما	an trade of	Z Onto	, L.	1 1400111011	ı
STREET ADDRESS	819 N.E. 5	2ND AVENUE					ADDRESS	ev	Q NE. 52 AVENUE				ļ
CITY-ST-ZIP	OCALA FL	. 34470			3.4. C			oc.	ALA ,FL. 34470				ı
TITLE				DELETE	4.1 TI				E-PRESIDENT, D	Chan	ae IV	Addition	┪
NAME					4. 2 N	AME		Pic	ARD ALBERT			-	
STREET ADDRESS					4.3 ST	REET.	ADDRESS	51	20 N.E. 9 STREET				1
CITY-ST-ZIP					4.4 CI	TY-S1	- ZIP	OC.	16A,FL. 34470				
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NAME					52 NA	ME		1 44	ompson, DAIL				
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NAME					6.2 NA	ME							K
STREET ADDRESS					6.3 ST	REET /	ADDRESS						Ą
CITY-ST-ZIP					6.4 CI	TY-ST	- ZIP						Ĺ

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

| DONALD L. STOLUND | JAN 20 1996 | 352-236-2512 | SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Degitive Prome #

352-236-2512\_ Destine Prone #