

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 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 # **N94000002440 (5)**

1. Corporation Name

HUNTERS TRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 840 NORTHEAST 50TH AVENUE OCALA FL 34470	Mailing Address 840 NORTHEAST 50TH AVENUE OCALA FL 34470-0830
--	---

3. Date Incorporated or Qualified 05/16/1994	3a. Date of Last Report 03/18/1996
--	--

2. Principal Place of Business 21 839 N.E. 52nd Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 839 N.E. 52nd Avenue Suite, Apt. #, etc.
City & State 23 Ocala, FL.	City & State 28 Ocala, FL.
Zip 24 34470	Country 25 1
Zip 28 34470	Country 30

4. FEI Number 59-3258941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERK, CHARLES E
2202 S.E. 17TH STREET
OCALA FL 34471**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILKINSON, ELBERT W	
STREET ADDRESS	940 N.E. 50TH AVENUE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SJOLUND, DONALD	
STREET ADDRESS	5162 N.E. 9TH STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DELL, JOHN	
STREET ADDRESS	819 N.E. 52ND AVENUE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PICARD, ALBERT	
STREET ADDRESS	5120 N.E. 9 STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, DAIL	
STREET ADDRESS	5121 N.E. 8 STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS, JEANNE	
1.3 STREET ADDRESS	5070 N.E. 9th Street	
1.4 CITY-ST-ZIP	OCALA FL 34470	
2.1 TITLE	SECRETARY (SD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MUSATOW, PAUL	
2.3 STREET ADDRESS	5055 N.E. 9th Street	
2.4 CITY-ST-ZIP	OCALA FL 34470	
3.1 TITLE	TREASURER (TD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KEMMERER, PAUL A.	
3.3 STREET ADDRESS	839 N.E. 52nd Avenue	
3.4 CITY-ST-ZIP	OCALA, FL. 34470	
4.1 TITLE	VICE-PRESIDENT (VPD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TROUT, CHARLES	
4.3 STREET ADDRESS	5095 N.E. 9th Street	
4.4 CITY-ST-ZIP	OCALA, FL. 34470	
5.1 TITLE	VICE-PRESIDENT (VPD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHERWOOD, DOUGLAS	
5.3 STREET ADDRESS	1013 N.E. 52nd Avenue	
5.4 CITY-ST-ZIP	OCALA, FL. 34470	
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 if changed, or on an attachment with an address.

SIGNATURE **PAUL A. KEMMERER** 4/1/97 12:23:11

CR2E037 (9/96)