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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002440 (5)**

1. Corporation Name

HUNTERS TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

N.E.
839 NE 52ND AVE
OCALA FL 34470
US

839 NE 52ND AVE
OCALA FL 34470
US

2. Principal Place of Business

2a. Mailing Address

21 **5070 N.E. 9th St FLORIDA**

26 **839 N.E. 52nd AVE Ocala**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **OCALA FLORIDA**

28 **OCALA FLORIDA**

Zip

Country

Zip

Country

24 **34470**

25 **U.S.**

29 **34470**

30 **U.S.**

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** ☐ DELETE
NAME **THOMAS, JEANNE**
STREET ADDRESS **5070 NE 9TH ST**
CITY-ST-ZIP **OCALA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **MUSATOW, PAUL**
STREET ADDRESS **5055 NE 9TH ST**
CITY-ST-ZIP **OCALA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **KEMMERER, PAUL A**
STREET ADDRESS **839 NE 52ND AVE**
CITY-ST-ZIP **OCALA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **TROUT, CHARLES**
STREET ADDRESS **5095 NE 9TH ST**
CITY-ST-ZIP **OCALA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **SHERWOOD, DOUGLAS**
STREET ADDRESS **1013 NE 52ND AVE**
CITY-ST-ZIP **OCALA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

PAUL A KEMMERER 3/4/98

(352) 236-0798

CR2E037 (10/97)