



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90035 012 \*\*\*\*61.25

<b>DOCUMENT # N94000002440</b> 1. Entity Name <b>HUNTERS TRACE HOMEOWNERS ASSOCIATION, INC.</b>																																																																																																																													
Principal Place of Business <b>% DOUG LANGLOIS</b> <b>5019 NE 8ST</b> <b>OCALA, FL 34470 US</b>			Mailing Address <b>TIMOTHY GARGRAVE</b> <b>5021 NE 7 PLACE</b> <b>OCALA, FL 34470 US</b>																																																																																																																										
2. Principal Place of Business - No P.O. Box # <b>TIMOTHY GARGRAVE</b> Suite, Apt. #, etc. <b>5021 NE 7 PL</b> City & State <b>OCALA, FL</b> Zip <b>34470</b> Country <b>USA</b>		3. Mailing Address <b>TIMOTHY GARGRAVE</b> Suite, Apt. #, etc. <b>5021 NE 7 PL</b> City & State <b>OCALA, FL</b> Zip <b>34470</b> Country <b>USA</b>																																																																																																																											
4. FEI Number <b>59-3258941</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent  <b>TOMBERLIN, ROLLIN E</b> <b>2800 E. SILVER SPRINGS BLVD.</b> <b>OCALA, FL 34471</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																										
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VPD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TROUT, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5095 NE 9TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34470</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHERWOOD, DOUGLAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1051 NE 52 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34470</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARGRAVE, TIMOTHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5021 NE 7 PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34470</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SJOLUND, SHIRLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5162 NE 9TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34470</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ANDERSON, THOMAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5010 NE 7TH PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34470</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>TROUT, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5095 NE 9TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34470</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MUSATOW, SUSAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5055 NE 9 ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34470</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	VPD	<input type="checkbox"/> Delete	NAME	TROUT, CHARLES		STREET ADDRESS	5095 NE 9TH STREET		CITY-ST-ZIP	OCALA, FL 34470		TITLE	VPD	<input checked="" type="checkbox"/> Delete	NAME	SHERWOOD, DOUGLAS		STREET ADDRESS	1051 NE 52 AVE		CITY-ST-ZIP	OCALA, FL 34470		TITLE	TD	<input type="checkbox"/> Delete	NAME	GARGRAVE, TIMOTHY		STREET ADDRESS	5021 NE 7 PLACE		CITY-ST-ZIP	OCALA, FL 34470		TITLE	SD	<input type="checkbox"/> Delete	NAME	SJOLUND, SHIRLEY		STREET ADDRESS	5162 NE 9TH ST		CITY-ST-ZIP	OCALA, FL 34470		TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	ANDERSON, THOMAS		STREET ADDRESS	5010 NE 7TH PLACE		CITY-ST-ZIP	OCALA, FL 34470		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TROUT, CHARLES		STREET ADDRESS	5095 NE 9TH STREET		CITY-ST-ZIP	OCALA, FL 34470		TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	MUSATOW, SUSAN		STREET ADDRESS	5055 NE 9 ST		CITY-ST-ZIP	OCALA, FL 34470		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
<b>SIGNATURE: <u>TIMOTHY R GARGRAVE</u> TIMOTHY R GARGRAVE 3/16/2008 352 895 3717</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>																																																																																																																													

ATTACHMENT  
40103989  
#N94000002440

DIVISION OF CORPORATIONS,

SOMEHOW I JUST FORGOT TO MAIL THIS .  
WHEN OUR ANNUAL MEETING FINALLY  
HAPPENED FOLLOWED BY THE SUDDEN  
DEATH OF OUR PRESIDENT. SORRY, IT  
IS MY FAULT. I WOULD APPRECIATE  
YOUR NOT ASSESSING ANY FINES. THIS  
THANKLESS "JOB" GETS WORSE WHEN  
THE RETIRED HOMEOWNERS GET  
SOMETHING TO COMPLAIN ABOUT. I  
HAVE LEARNED MY LESSON, NEVER  
VOLUNTEER, (OR ALLOW YOURSELF TO  
GET "DRAFTED").

THANKS

TIM GARGRAVE  
352 895-3717