

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002440

FILED
May 25, 2009
Secretary of State

Entity Name: HUNTERS TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

TIMOTHY GARGRAVE
5021 NE 7 PL
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

TIMOTHY GARGRAVE
5021 NE 7 PL
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-3258941 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TOMBERLIN, ROLLIN E
2800 E. SILVER SPRINGS BLVD.
OCALA, FL 34471 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TROUT, CHARLES
Address: 5095 NE 9TH STREET
City-St-Zip: OCALA, FL 34470

Title: VPD () Delete
Name: MUSTATOW, SUSAN
Address: 5055 NE 9 STREET
City-St-Zip: OCALA, FL 34470

Title: TD () Delete
Name: GARGRAVE, TIMOTHY
Address: 5021 NE 7 PLACE
City-St-Zip: OCALA, FL 34470

Title: SD () Delete
Name: SJOLUND, SHIRLEY
Address: 5162 NE 9TH ST
City-St-Zip: OCALA, FL 34470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHERWOOD, DOUGLAS
Address: 1051 NE 52 AVE
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BUSSE, MARILYN
Address: 5070 NE 8 ST
City-St-Zip: OCALA, FL 34470

Title: VPD () Change (X) Addition
Name: TROUT, CHARLES
Address: 5095 NE 9TH STREET
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TIMOTHY GARGRAVE

TD

05/25/2009

Electronic Signature of Signing Officer or Director

Date