2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N95000001328

1. Entity Name HUNTERS GLEN PLANTATION PROPERTY OWNERS' ASSOCIATION, INC.



Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90168 005 ****61.25

FILED

Mailing Address

365 HUNTERS CRAWFORDVIL		365 HUNTERS TRACE CRAWFORDVILLE, FL 32327								
2. Principal Place of Business		3. Mailing Address							N B MA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0120200	01202006 Chg-NP CR2E037 (11/05)				
City & State		City & State			4. FEI Nu 58-2	nber 155248			Applicable	
Žip	Country Zip		Cou	Country		ate of Status Desired	Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
CDIOC I VAIN				Name						
PRICE, LYNN 365 HUNTERS TRACE CRAWFORDVILLE, FL 32327				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code		
 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 Signature, typed or printed name of registered agent and site if approache. (NOTE: Registered Agent argusture required when revnetating) DATE										
Filling Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Trust Fund Contrib					\$5.00 M Added to F	ees F	Make check lorida Departi	nent of St	ste	
10. OFFICERS AND DIRECTORS			11.			CHANGES TO OFFI				
TITLE	P	☐ Dele	te TITL		P/M			Change	Addition	
NAME	1 ONE, I ROWN			TEET ADORESS						
STREET ADDRESS CITY-ST-ZIP	CRAWFORDVILLE, FL 32327			Y-51-21P						
TITLE	v	Dele	te TIT	LE	V/D				Addition	
NAME	DAVIS, LORIE			ME	. [.					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			HET ADORESS Y-ST-ZIP						
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327				The second of the Office	W -T/D		☑ Change	Addition	
TITLE	D	☐ Defe	te IIII		Milderine	∞ 1/ <i>0</i>		SE cialide	[] Factories.	
NAME STREET ADDRESS	PRICE, LYNN 365 HUNTERS TRACE			REET ADDRESS						
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		сп	Y-ST-ZIP						
TITLE	D	[⊠ Del	ete 111	LE .				Change	Addition	
NAME	CLARK, BILL	/ \	NA	ME						
STREET ADDRESS	2100 RIDGETOP DR.			REET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE, FL 32303			ry-st-zip	<u> </u>			Change	Addition	
TITLE		☐ Del		TLE NATE				C. C. Condu		
NAME STREET ADDRESS				REET ADORESS						
CITY-ST-ZIP			a	TY-\$1-ZIP						
TITLE	 		ete m	TLE				Change	Addition	
NAME			N	WE						
STREET ADORESS	ş (REET ADDRESS						
CITY-ST-ZIP			a	TY-ST-ZIP	!					

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 tike empowered.

SIGNATURE:

LyunMarie Price Theasurer