

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001328

FILED  
Mar 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

365 HUNTERS TRACE  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

365 HUNTERS TRACE  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 58-2155248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRICE, LYNN  
365 HUNTERS TRACE  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

PRICE, LYNN M  
365 HUNTERS TRACE  
CRAWFORDVILLE, FL 32327 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: LYNN M PRICE

03/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PM ( ) Delete  
Name: YORE, FRANK  
Address: 457 HUNTERS TRACE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD ( ) Delete  
Name: DAVIS, LORIE  
Address: 1267 RIVER PLANTATION ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD ( ) Delete  
Name: PRICE, LYNN  
Address: 365 HUNTERS TRACE  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PM (X) Change ( ) Addition  
Name: WEIJERS, HUUB  
Address: 242 HUNTERS TRACE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: TD (X) Change ( ) Addition  
Name: PRICE, LYNN M  
Address: 365 HUNTERS TRACE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: LYNN M PRICE

TD

03/19/2009

Electronic Signature of Signing Officer or Director

Date