


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000005596</b> 1. Entity Name <b>HUNTER'S RIDGE COMMERCIAL PROPERTY OWNER'S ASSOCIATION, INC.</b>	
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Principal Place of Business <b>9020 RANCHO DEL RIO DR. STE 126 NEW PORT RICHEY, FL 34655</b>	Mailing Address <b>9020 RANCHO DEL RIO DR. STE 126 NEW PORT RICHEY, FL 34655</b>
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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3485505</b>	Applied For Not Applicable
5. Certificate of Status Desired <b>7</b>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>DEEB, ALEX R 9020 RANCHO DEL RIO DR. STE 125 NEW PORT RICHEY, FL 34655</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

1100000309375  
04/16/05-80035-002 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEEB, ALEX 9020 RANCHO DEL RIO DR. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINDELAR, MARJORIE H 9020 RANCHO DEL RIO DR. STE. 122 NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEEB, THOMAS 9020 RANCHO DEL RIO DR NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05 727-376-6831

Date Daytime Phone #

**ALEX R. DEEB, PRESIDENT**