
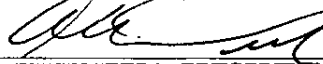


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90082 001 ****70.00

DOCUMENT # N97000005596					
1. Entity Name HUNTER'S RIDGE COMMERCIAL PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 9020 RANCHO DEL RIO DR. STE 126 NEW PORT RICHEY, FL 34655			Mailing Address 9020 RANCHO DEL RIO DR. STE 126 NEW PORT RICHEY, FL 34655		
2. Principal Place of Business - No P.O. Box # 9400 River Crossing Blvd. Suite 102		3. Mailing Address 9400 River Crossing Blvd. Suite 102			
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-3485505	
Zip 34655		Country Pasco		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEEB, ALEX R 9020 RANCHO DEL RIO DR. STE 125 NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent Name: Alex R. Deeb Street Address (P.O. Box Number is Not Acceptable): 9400 River Crossing Blvd. Suite 102 City: New Port Richey, FL Zip Code: 34655		
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>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP	NAME DEEB, ALEX		<input type="checkbox"/> Delete	TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9020 RANCHO DEL RIO DR.	STREET ADDRESS 9400 River Crossing Blvd., Suite 102		STREET ADDRESS New Port Richey, FL 34655		
CITY-ST-ZIP NEW PORT RICHEY, FL 34655	CITY-ST-ZIP NEW PORT RICHEY, FL 34655		CITY-ST-ZIP NEW PORT RICHEY, FL 34655		
TITLE S	NAME SINDELAR, MARJORIE H		<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9020 RANCHO DEL RIO DR. STE. 122	STREET ADDRESS 9400 River Crossing Blvd., Suite 102		STREET ADDRESS New Port Richey, FL 34655		
CITY-ST-ZIP NEW PORT RICHEY, FL 34655	CITY-ST-ZIP NEW PORT RICHEY, FL 34655		CITY-ST-ZIP NEW PORT RICHEY, FL 34655		
TITLE D	NAME DEEB, THOMAS		<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9020 RANCHO DEL RIO DR	STREET ADDRESS 9400 River Crossing Blvd., Suite 102		STREET ADDRESS New Port Richey, FL 34655		
CITY-ST-ZIP NEW PORT RICHEY, FL 34655	CITY-ST-ZIP NEW PORT RICHEY, FL 34655		CITY-ST-ZIP NEW PORT RICHEY, FL 34655		
TITLE NAME	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: 			2/1/07 727-376-6831		
ALEX R. DEEB, PRESIDENT			Date Daytime Phone #		