
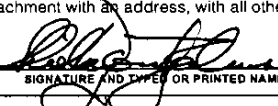


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90025 020 ****61.25

| | | | | | |
|--|---------------------------------|---|---|---|--|
| DOCUMENT # N97000006001 1. Entity Name HUNTER'S KEY HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 7001 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637 | | | Mailing Address 7001 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3477142 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DUARTE, ANTONIO III 6221 LAND O LAKES BVLD. LAND O LAKES, FL 34639 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 | STD | <input checked="" type="checkbox"/> Delete | TITLE | STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | HARRISING, LAWRENCE | | NAME | SASLOW, LAUREN | |
| STREET ADDRESS | 8662 HUNTERS KEY CIR. | | STREET ADDRESS | 8663 HUNTERS KEY CIR | |
| CITY-ST-ZIP | TAMPA, FL 33647 | | CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WONG-PALMS, SHIRLEY | | NAME | | |
| STREET ADDRESS | 8657 HUNTERS KEY CIR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33647 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete | TITLE | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | REHAK, JOSEPH | | NAME | KING, MICHELLE | |
| STREET ADDRESS | 8617 HUNTERS KEY CIR. | | STREET ADDRESS | 18251 CIGAR LAKE DRIVE | |
| CITY-ST-ZIP | TAMPA, FL 33647 | | CITY-ST-ZIP | TAMPA, FL 33548 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-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 like empowered. | | | | | |
| SIGNATURE:  | | SHIRLEY WONG-PALMS | | 1/29/07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | 813-972-2266 | |
| | | | | Daytime Phone # | |

40012757



01042007 Chg-NP CR2E037 (12/06)

RECEIVED JAN 31 2007