


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90005 011 \*\*\*\*61.25

<b>DOCUMENT # N98000005736</b> 1. Entity Name <b>HUNTERS TRACE HOMEOWNERS INC.</b>					
Principal Place of Business <b>767 BRANDLING BLVD STE 112 ORANGE PARK, FL 32065</b>			Mailing Address <b>767 BRANDLING BLVD STE 112 ORANGE PARK, FL 32065</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3540261</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>JACKSON, CHRISTOPHER 767 BLANDING BLVD STE 112 ORANGE PARK, FL 32065</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>WALDEN, TOBY</b> <b>1940 HUNTERS TRACE</b> <b>MIDDLEBURG, FL 32068</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FRIETZ, JOHN</b> <b>1916 HUNTERS TRACE CIR</b> <b>MIDDLEBURG, FL 32068</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>OESCHLER, KIM</b> <b>1883 HUNTERS TRACE CIR</b> <b>MIDDLEBURG, FL 32068</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MARLENE J. STRICKLAND - CLARK</b> <b>1838 HUNTERS TRACE CIRCLE</b> <b>MIDDLEBURG, FL 32067</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MISTY BAILEY</b> <b>1904 HUNTERS TRACE CIRCLE</b> <b>MIDDLEBURG, FL 32068</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SHEILA SMITH</b> <b>3061 HUNTERS TRACE CIRCLE</b> <b>MIDDLEBURG, FL 32068</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MARLENE J. STRICKLAND - CLARK</b> <b>1838 HUNTERS TRACE CIRCLE</b> <b>MIDDLEBURG, FL 32067</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SHEILA SMITH</b> <b>3061 HUNTERS TRACE CIRCLE</b> <b>MIDDLEBURG, FL 32068</b>	<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.					
<b>SIGNATURE:</b> <u>Christopher M. Jackson</u> <b>CHRISTOPHER M. JACKSON, CAM</b> <b>5/28/2008</b> <b>(904) 276-0412</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					