


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90119 029 ****61.25

DOCUMENT # N99000005151					
1. Entity Name GOLFWAY AT HUNTER'S CREEK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 14101 TOWN LOOP BLVD ORLANDO, FL 32837			Mailing Address % CACAN MANAGEMENT GROUP, INC. 16554 CROSSING BLVD., SUITE 4 CLERMONT, FL 34711		
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 59-3594565	
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		
TAYLOR, ROBERT 850 CONCOURSE PKWY SOUTH STE 105 MAITLAND, FL 32751			Name <u>Don Asher + Associates</u> Street Address (P.O. Box Number is Not Acceptable) <u>1801 Cook Ave</u> City <u>Orlando</u> <u>FL</u> Zip Code <u>32806</u>		
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. <div style="text-align: center; font-size: 2em; margin-top: 10px;"> <i>MDA</i> </div>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME BISHARD, KEN	<input type="checkbox"/> Delete		TITLE D	NAME Ray Millet
STREET ADDRESS 13548-414 TURTLE MARSH LOOP	ORLANDO, FL 32837		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP	ORLANDO, FL 32837		13500-822 Turtle Marsh Loop Orlando, FL 32837		
TITLE DV	NAME MASON, MARK	<input checked="" type="checkbox"/> Delete		TITLE D	NAME Bill Bristol
STREET ADDRESS 13524-629 TURTLE MARSH LOOP	ORLANDO, FL 32837		<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP	ORLANDO, FL 32837		13572-215 Turtle Marsh Loop Orlando, FL 32837		
TITLE PT - D	NAME RASMUSSEN, RALPH	<input type="checkbox"/> Delete		TITLE 	NAME
STREET ADDRESS 13536-534 TURTLE MARSH LOOP	ORLANDO, FL 32837		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	ORLANDO, FL 32837		13572-215 Turtle Marsh Loop Orlando, FL 32837		
TITLE DS	NAME WAGNER, ROBERTA	<input type="checkbox"/> Delete		TITLE	NAME
STREET ADDRESS 13548-424 TURTLE MARSH LOOP	ORLANDO, FL 32837		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	ORLANDO, FL 32837		13572-215 Turtle Marsh Loop Orlando, FL 32837		
TITLE VP	NAME BUCKLIN, BROCK	<input type="checkbox"/> Delete		TITLE	NAME
STREET ADDRESS 13536-530 TURTLE MARSH LOOP	ORLANDO, FL 32837		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	ORLANDO, FL 32837		13572-215 Turtle Marsh Loop Orlando, FL 32837		
TITLE DT	NAME AJ Doerhoff	<input type="checkbox"/> Delete		TITLE	NAME
STREET ADDRESS 13572-215 Turtle Marsh Loop	Orlando FL 32837		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP	Orlando FL 32837		13572-215 Turtle Marsh Loop Orlando, FL 32837		
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: <u>Kimberly Berland CV BOB PRES. 20 Feb 08 407-826-5246</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					