

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40740

Entity Name: HOMEOWNERS ASSOCIATION OF HUNTER'S LAKE INC.**Current Principal Place of Business:**12045 HUNTERS LAKE DRIVE
NEW PORT RICHEY, FL 34654**Current Mailing Address:**12045 HUNTERS LAKE DRIVE
NEW PORT RICHEY, FL 34654 US**FEI Number:** 59-3392270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOCEK, GREGORY
12045 HUNTERS LAKE DRIVE
NEW PORT RICHEY, FL 34654 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	NOCEK, GREGORY
Address	12045 HUNTERS LAKE DR
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	S
Name	ANDERSON, RO
Address	12411 BIGHORN CT
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	D
Name	BALESTRIERO, STEVEN
Address	12432 BIGHORN CT
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	DIRECTOR
Name	WIESE, CATHY
Address	12348 BIGHORN CT.
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	P
Name	TOGNERI, PAUL
Address	12146 HUNTERS LAKE DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	D
Name	DE VITO, DEBBIE
Address	12203 HUNTERS LAKE DR
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	DIRECTOR
Name	WIESE, CATHY
Address	12348 BIGHORN CT.
City-State-Zip:	NEW PORT RICHEY FL 34654

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY NOCEK**TREASURER****04/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date