SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIF

SIGNATURE

In Block 12 or Block 13 if changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Aug 11 1998 8:00am

Secretary of State

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Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N.32824

HUNTER'S RIDGE HOMEOWNERS ASSOCIATION OF EAST FL

ORIDA, INC. Principal Place of Business Malling Address 100 SHADOW CROSSINGS BLVD 3. Date Incorporated or Qualified 100 SHADOW CROSSINGS BLVD ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 06/14/1989 4. FEI Number Applied For 59-2957052 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apl. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? City & State Yes 23 28 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Country Zip Country Zir 29 Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered/Agent Name and Address of Current Registered Agent BURNSIDE, TONYA L 82 Street Address (P.O. Box Number is Not Acceptable) 100 SHADOW CROSSINGS BLVD 83 ORMOND BEACH FL 32174 84 City Zip Code 85 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE TITLE DELETE UPSON, GERALD E. 1.2 NAME NAME 100 SHADOW CROSSINGS BLVD STREET ADDRESS 1.3 STREET ADDRESS ORMOND BEACH FL 1.4 C/TY-ST-Z/P CITY-ST-ZIF TITLE 2.1 TITLE X Addition DELETE SPEIDEL, BEN 2.2 NAME NAME 100 SHADOW CROSSING BLVD. 2.3 STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 2.4 CITY-ST-ZIF CITY-ST-ZIF TITLE DELETE 3.1 TITLE Addition NAME BURNSIDE, TONYA L 3.2 NAME 100 SHADOW CROSSINGS BLVD 3.3 STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 3.4 CiTY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE NAME nathan, Robert 4.2 NAME STREET ADDRESS 100 SHADOW CROSSINGS BLVD 4.3 STREET ADDRESS ORMOND BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIF TITLE 5.1 TITLE DELETE Addition NAME RUE, CASEY 5.2 NAME 100 SHADOW CROSSINGS BLVD. STREET ADDRESS 5.3 STREET ADDRESS ORMOND BEACH FL 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE Change Addition DELETE 4000026134 NAME 6.2 NAME --08/12/98---01006---**01**5 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*61.25

6.4 CITY-ST-ZIP

Date

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR