

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

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DOCUMENT # **N32824**

1. Corporation Name

**HUNTER'S RIDGE HOMEOWNERS ASSOCIATION OF EAST FL
ORIDA, INC.**

Principal Place of Business

100 SHADOW CROSSINGS BLVD
ORMOND BEACH FL 32174

Mailing Address

100 SHADOW CROSSINGS BLVD
ORMOND BEACH FL 32174



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/14/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2957052	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

GRIFFIN, TONYA L
100 SHADOW CROSSINGS BLVD
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	UPSON, GERALD E.	1.2 NAME	
STREET ADDRESS	100 SHADOW CROSSINGS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SPEIDEL, BEN	2.2 NAME	
STREET ADDRESS	100 SHADOW CROSSING BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, TONYA L	3.2 NAME	
STREET ADDRESS	100 SHADOW CROSSINGS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WEINGARTNER, AL	4.2 NAME	
STREET ADDRESS	100 SHADOW CROSSINGS BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PIATKOWSKI, DAN	5.2 NAME	
STREET ADDRESS	100 SHADOW CROSSINGS BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)