

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32824

1. Entity Name

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

Principal Place of Business

Mailing Address

100 SHADOW CROSSINGS BLVD
ORMOND BEACH FL 32174

100 SHADOW CROSSINGS BLVD
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2957052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME UPSON, GERALD E. ☒ Delete
STREET ADDRESS 100 SHADOW CROSSINGS BLVD
CITY-ST-ZIP ORMOND BEACH FL

TITLE D
NAME Maryann Moore ☐ Change ☒ Addition
STREET ADDRESS 100 Shadow Crossing Blvd.
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE VD
NAME SPEIDEL, BEN ☐ Delete
STREET ADDRESS 100 SHADOW CROSSING BLVD.
CITY-ST-ZIP ORMOND BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME GRIFFIN, TONYA L ☐ Delete
STREET ADDRESS 100 SHADOW CROSSINGS BLVD
CITY-ST-ZIP ORMOND BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SINGER, HARVEY ☒ Delete
STREET ADDRESS 100 SHADOW CROSSINGS BLVD
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D
NAME Surrrette, Jack ☐ Change ☒ Addition
STREET ADDRESS 100 Shadow Crossing Blvd.
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE D
NAME DUVAL, KEN ☐ Delete
STREET ADDRESS 100 SHADOW CROSSINGS BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE P
NAME Duvall, Ken ☒ Change ☐ Addition
STREET ADDRESS 100 Shadow Crossings Blvd.
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Stogner, William ☐ Change ☒ Addition
STREET ADDRESS 100 Shadow Crossings Blvd.
CITY-ST-ZIP Ormond Beach, FL 32174

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)