

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90163 050 ****61.25

DOCUMENT # N32824

1. Entity Name

HUNTER'S RIDGE HOMEOWNERS ASSOCIATION OF EAST
FLORIDA, 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

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**

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

Tonyal Griffin

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

Tonyal Griffin

2/21/05

DATE

**FILE NOW- FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME TURNER, STEVE
STREET ADDRESS 100 SHADOW CROSSINGS BLVD.
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VD ☐ Delete
NAME SWANSKI, PAUL
STREET ADDRESS 100 SHADOW CROSSING BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☒ Addition
NAME SPEIDEL, BEN
STREET ADDRESS 100 SHADOW CROSSINGS BLVD.
CITY-ST-ZIP ORMOND BEACH, FL 32174

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

TITLE ☒ Change ☐ Addition
NAME GRIFFIN, TONYA
STREET ADDRESS 100 SHADOW CROSSINGS BLVD.
CITY-ST-ZIP ORMOND BEACH, FL 32174

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

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

TITLE P ☒ Delete
NAME DUVALL, KEN
STREET ADDRESS 100 SHADOW CROSSINGS BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☒ Addition
NAME NATHAN, ROBERT
STREET ADDRESS 100 SHADOW CROSSINGS BLVD.
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D ☒ Delete
NAME RUE, CASEY
STREET ADDRESS 100 SHADOW CROSSING BLVD
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☒ Change ☐ Addition
NAME TS RUE, CASEY
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

Tonyal Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/05 386-677-7275