

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

0000663

04-02-2001 90307 032 \*\*\*\*61.25

**DOCUMENT # N40740**  
 1. Entity Name  
**HOMEOWNERS ASSOCIATION OF HUNTER'S LAKE INC.**

Principal Place of Business 8410 U.S. 19., STE 105 PORT RICHEY FL 34668	Mailing Address 8410 U.S. 19., STE 105 PORT RICHEY FL 34668
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3392270</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SWARTSEL, MARK E**  
**8410 U.S. HWY. 19**  
**SUITE 105**  
**PORT RICHEY FL 34668**

**7. Name and Address of New Registered Agent**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SWARTSEL, MARK E</b>
STREET ADDRESS	<b>8410 U.S. 19., STE 105</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PETERSON, WILLIAM R JR</b>
STREET ADDRESS	<b>8410 U.S. 19., STE 105</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PETERSON, THOMAS A</b>
STREET ADDRESS	<b>8410 U.S. 19., STE 105</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LESSA, VINCENT</b>
STREET ADDRESS	<b>12432 WASATCH CT.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BOOTH, STEPHEN C</b>
STREET ADDRESS	<b>7510 RIDGE RD</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SHELLY, NANCY J</b>
STREET ADDRESS	<b>12007 HUNTERS LAKE DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED** *3/29/01*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)