

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 19, 2004
Secretary of State**

DOCUMENT# N98000006429

Entity Name: THE HUNTER'S RIDGE OF OSCEOLA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1610 E VINE STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

717 E OAK STREET
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3078541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWART, HARRY J CPA
717 E OAK STREET
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: POLKEY, JOSEPH C
Address: 1610 E VINE STREET
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: TALIENTO, MARK
Address: 1610 E VINE STREET
City-St-Zip: KISSIMMEE, FL 34744

Title: DT () Delete
Name: KIRKLAND, MELANIE
Address: 1610 E VINE STREET
City-St-Zip: KISSIMMEE, FL 34744

Title: DS () Delete
Name: POLKEY, LAURA
Address: 1610 E VINE STREET
City-St-Zip: KISSIMMEE, FL 34744

Title: DV () Delete
Name: KIRKLAND, ROY
Address: 1610 E VINE STREET
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KIRKLAND, MELANIE
Address: 1610 E VINE STREET
City-St-Zip: KISSIMMEE, FL 34744

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: QUILES, ROSARIO
Address: 1610 E VINE STREET
City-St-Zip: KISSIMMEE, FL 34744

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: QUILES, JOHN
Address: 1610 E VINE STREET
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA A POLKEY

DS

02/19/2004

Electronic Signature of Signing Officer or Director

_____ Date