

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED

2007 MAR 12 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N98000006429**

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



Principal Place of Business 1610 E. VINE ST. KISSIMMEE, FL 34744	Mailing Address 1610 E. VINE ST. KISSIMMEE, FL 34744
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2. Principal Place of Business - No P.O. Box # <b>1830 WINCHESTER CT</b>	3. Mailing Address <b>PO BOX 700393</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01252007 REIN-NP CR2E099 (1/07)

City & State  
**ST. CLOUD FL.**

4. FEI Number <b>59-3078541</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **POLKEY, JOSEPH C.**

Street Address (P.O. Box Number is Not Acceptable)  
**1830 WINCHESTER CT**

City **ST. CLOUD** State **FL** Zip Code **34771**

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 *Joseph C. Polkey* DATE **3-3-07**

Signature typed or printed name of registered agent and (if not applicable) (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		
TITLE NAME	DP KIRKLAND, ROY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1610 E VINE STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE NAME	D TALIENTO, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1610 E VINE STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE NAME	DT KIRKLAND, MELANIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1610 E VINE STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE NAME	DS DUCHETTE, KATHERINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1610 E VINE STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE NAME	DV QUILES, ROSARIO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1610 E VINE STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	DP JOSEPH C. POLKEY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1830 WINCHESTER CT	
CITY-ST-ZIP	ST. CLOUD, FL. 34771	
TITLE NAME	D DIANE RODGERS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1828 WINCHESTER CT.	
CITY-ST-ZIP	ST. CLOUD, FL. 34771	
TITLE NAME	DT LANIERRICE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1817 WINCHESTER CT.	
CITY-ST-ZIP	ST. CLOUD, FL.	
TITLE NAME	DS LAURA A. POLKEY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1830 WINCHESTER CT.	
CITY-ST-ZIP	ST. CLOUD, FL. 34771	
TITLE NAME	DV CALVIN RODGERS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1828 WINCHESTER CT	
CITY-ST-ZIP	ST. CLOUD, FL. 34771	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Joseph C. Polkey* **Joseph C. Polkey** **3/3/07** **407-891-1339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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