


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N98000006429 1. Entity Name THE HUNTER'S RIDGE OF OSCEOLA HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1830 WINCHESTER CT. ST. CLOUD, FL 34471	Mailing Address PO BOX 700393 ST. CLOUD, FL 34770-0393
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-NP CR2E037 (4/06)

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

POLKEY, JOSEPH C
 1830 WINCHESTER CT.
 ST. CLOUD, FL 34471

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLKEY, JOSEPH C 1830 WINCHESTER CT. ST. CLOUD, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, DIANE 1828 WINCHESTER CT. ST. CLOUD, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANIER D, RICE 1817 WINCHESTER CT. ST. CLOUD, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POLKEY, LAURA 1830 WINCHESTER CT. ST. CLOUD, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROGERS, CALVIN 1828 WINCHESTER CT. ST. CLOUD, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/18/08-80032-007 61.25

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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 (President) 1-22-08 (407)891-1339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #