

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# N98000006429

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

Current Principal Place of Business:

1830 WINCHESTER CT.
ST. CLOUD, FL 34471

New Principal Place of Business:

Current Mailing Address:

PO BOX 700393
ST. CLOUD, FL 347700393

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:

POLKEY, JOSEPH C
1830 WINCHESTER CT.
ST. CLOUD, FL 34471 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: 1830 WINCHESTER CT.
City-St-Zip: ST. CLOUD, FL 34471

Title: D () Delete
Name: ROGERS, DIANE
Address: 1828 WINCHESTER CT.
City-St-Zip: ST. CLOUD, FL 34471

Title: DT () Delete
Name: LANIER D, RICE
Address: 1817 WINCHESTER CT.
City-St-Zip: ST. CLOUD, FL 34471

Title: DS () Delete
Name: POLKEY, LAURA
Address: 1830 WINCHESTER CT.
City-St-Zip: ST. CLOUD, FL 34471

Title: DV () Delete
Name: ROGERS, CALVIN
Address: 1828 WINCHESTER CT.
City-St-Zip: ST. CLOUD, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH C. POLKEY

PRES

01/31/2009

Electronic Signature of Signing Officer or Director

_____ Date