

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006429

FILED
Jan 30, 2012
Secretary of State

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

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

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

Title: DFS
Name: POLKEY, LAURA A
Address: 1830 WINCHESTER CT.
City-St-Zip: ST. CLOUD, FL 34471

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

Title: DS
Name: QUILES, ROSARIO
Address: 1814 WINCHESTER CT.
City-St-Zip: ST.CLOUD, FL 34771

I hereby 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 all other like empowered.

SIGNATURE: LAURA A. POLKEY

FS

01/30/2012

Electronic Signature of Signing Officer or Director

_____ Date