

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13485

1. Entity Name

HUNTER'S CREEK COMMUNITY ASSOCIATION, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90007 004 ****61.25

Principal Place of Business

Mailing Address

5100 TOWN CENTER BLVD
ORLANDO FL 32837
US

5100 TOWN CENTER BLVD
ORLANDO FL 32837-5858
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2730786

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, ROBERT L
1900 SUMMIT TOWER BLVD
SUITE 820
ORLANDO FL 32810

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Delete
NAME GATLIN, ROGER O
STREET ADDRESS 5100 TOWN CENTER BLVD
CITY-ST-ZIP ORLANDO FL 32837

TITLE DP ☐ Change ☒ Addition
NAME JOHN MONGOVEN
STREET ADDRESS 5100 TOWN CENTER BLVD.
CITY-ST-ZIP ORLANDO, FL 32837

TITLE VPD ☐ Delete
NAME PALANT, CHARLES
STREET ADDRESS 5100 TOWN CENTER BLVD
CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CAVARETTA, CHUCK
STREET ADDRESS 5100 TOWN CENTER BLVD
CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME SCOTT, LARRY
STREET ADDRESS 5100 TOWN CENTER BLVD
CITY-ST-ZIP ORLANDO FL 32837

TITLE SD ☐ Change ☒ Addition
NAME DONNA WILHELM
STREET ADDRESS 5100 TOWN CENTER BLVD.
CITY-ST-ZIP ORLANDO, FL 32837

TITLE VPD ☐ Delete
NAME CALLENDER, JACK
STREET ADDRESS 5100 TOWN CENTER BLVD
CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☐ Change ☒ Addition
NAME DENNIS FREYTES
STREET ADDRESS 5100 TOWN CENTER BLVD.
CITY-ST-ZIP ORLANDO, FL 32837

TITLE TRD ☒ Delete
NAME FALL, ELLIE
STREET ADDRESS 5100 TOWN CENTER BLVD
CITY-ST-ZIP ORLANDO FL 32837

TITLE TRD ☐ Change ☒ Addition
NAME DEL BABB
STREET ADDRESS 5100 TOWN CENTER BLVD.
CITY-ST-ZIP ORLANDO, FL 32837

12. I hereby certify that the information supplied with this filing does not qualify 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 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. JOHN MONGOVEN

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

407-240-0162

Date

Daytime Phone #

CR2E037 (9/99)