

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90350 047 \*\*\*\*61.25

0027980

**DOCUMENT # N13485**

1. Entity Name

**HUNTER'S CREEK COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

**5100 TOWN CENTER BLVD  
 ORLANDO FL 32837  
 US**

Mailing Address

**5100 TOWN CENTER BLVD  
 ORLANDO FL 32837  
 US**

**815104**



DO NOT WRITE IN THIS SPACE

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 **MONGOVEN, JOHN**  
 STREET ADDRESS **5100 TOWN CENTER BLVD.**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS **DENNIS FREYTES**  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME **DAVID DINGEE**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME **DONNA WILHELM**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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

TITLE **TRD** ☐ Delete  
 NAME **BABB, DEL**  
 STREET ADDRESS **5100 TOWN CENTER BLVD**  
 CITY-ST-ZIP **ORLANDO FL 32837**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

**1/10/01**  
 Date

**407-240-0162**  
 Daytime Phone #

CR2E037 (10/00)