

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13485

**Entity Name:** HUNTER'S CREEK COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**14101 TOWN LOOP BLVD.  
ORLANDO, FL 32837**Current Mailing Address:**14101 TOWN LOOP BLVD.  
ORLANDO, FL 32837 US**FEI Number:** 59-2730786**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF P.A.  
111 N. ORANGE AVE.  
SUITE 1400  
ORLANDO, FL 32801 US*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CONNER-KING, RUTHANNE  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            VP  
Name            KLEIN, JOE  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            DIRECTOR  
Name            MCDANIEL, LYNN  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            SECRETARY  
Name            WINEMILLER, GWEN  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            TREASURER  
Name            THIELMANN, MATT  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            DIRECTOR  
Name            KISHBAUGH, TROY  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            DIRECTOR  
Name            REES, ERRICK  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title            GENERAL MANAGER  
Name            OUIMET, MICHELLE  
Address        14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

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*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:** LORI ROBINSON**CONTROLLER****04/05/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT GENERAL MANAGER  
Name BROMLEY, TERRIE  
Address 14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837

Title CONTROLLER  
Name ROBINSON, LORI  
Address 14101 TOWN LOOP BLVD.  
City-State-Zip: ORLANDO FL 32837