

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32824

Entity Name: HUNTER'S RIDGE HOMEOWNERS ASSOCIATION OF EAST FLORIDA, INC.**FILED**
Apr 28, 2023
Secretary of State
8766228815CC**Current Principal Place of Business:**100 SHADOW CROSSINGS BLVD
ORMOND BEACH, FL 32174**Current Mailing Address:**POST OFFICE 353261
PALM COAST, FL 32135**FEI Number: 59-2957052****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SOUTHERN STATES MANAGEMENT GROUP, INC.
2 CAMINO DEL MAR
PALM COAST, FL 32137 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 DS
Name FOX, FRED
Address POST OFFICE BOX 353261
City-State-Zip: PALM COAST FL 32135Title DP
Name GRIFFIN, WAYNE
Address POST OFFICE 353261
City-State-Zip: PALM COAST FL 32135Title DVP
Name CARRILLO, JOSE
Address POST OFFICE 353261
City-State-Zip: PALM COAST FL 32135Title D
Name SHERIDAN, JOE
Address POST OFFICE 353261
City-State-Zip: PALM COAST FL 32135Title D
Name BENSON, FRED
Address POST OFFICE 353261
City-State-Zip: PALM COAST FL 32135

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: WAYNE GRIFFIN**PRESIDENT****04/28/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date