

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32824

Entity Name: HUNTER'S RIDGE HOMEOWNERS ASSOCIATION OF EAST FLORIDA, INC.**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	VPT
Name	SWANSKI, PAUL
Address	POST OFFICE BOX 353261
City-State-Zip:	PALM COAST FL 32135

Title	DS
Name	BOOKER, KIM
Address	POST OFFICE 353261
City-State-Zip:	PALM COAST FL 32135

Title	DP
Name	GRIFFIN, WAYNE
Address	POST OFFICE 353261
City-State-Zip:	PALM COAST FL 32135

Title	DS
Name	STAFFORD, CORY
Address	PO BOX 353261
City-State-Zip:	PALM COAST FL 32135

Title	DIRECTOR
Name	CLARK, JASON
Address	PO BOX 353261
City-State-Zip:	PALM COAST FL 32135

Title	D
Name	HODACK, JAMES
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****04/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date