

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40740

Entity Name: HOMEOWNERS ASSOCIATION OF HUNTER'S LAKE INC.**Current Principal Place of Business:**12017 HUNTERS LAKE DRIVE
NEW PORT RICHEY, FL 34654**Current Mailing Address:**12017 HUNTERS LAKE DRIVE
NEW PORT RICHEY, FL 34654 US**FEI Number:** 59-3392270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOLDBACH, RAYMOND M
12017 HUNTERS LAKE DRIVE
NEW PORT RICHEY, FL 34654 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:** RAYMOND M GOLDBACH

04/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name ANDERSON, RO
Address 12411 BIGHORN CT
City-State-Zip: NEW PORT RICHEY FL 34654

Title D
Name GRIFFIN, PAUL
Address 12025 HUNTERS LAKE DR
City-State-Zip: NEW PORT RICHEY FL 34654

Title D
Name HARRIS, LORI
Address 11924 TASHA CT
City-State-Zip: NEW PORT RICHY FL 34654

Title DIRECTOR
Name BURKE, KEVIN
Address 12012 HUNTERS LAKE DR
City-State-Zip: NEW PORT RICHEY FL 34654

Title TREASURER
Name GOLDBACH, RAYMOND M
Address 12017 HUNTERS LAKE DR
City-State-Zip: NEW PORT RICHEY FL 34654

Title PRESIDENT
Name DOYON, MARK
Address 12103 HUNTERS LAKE DR
City-State-Zip: NEW PORT RICHEY FL 34654

Title VP
Name TOCZYLOWSKI, MICHAEL
Address 12410 BIGHORN CT
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name BAKER, CONNIE
Address 12050 TASHA CT
City-State-Zip: NEW PORT RICHEY FL 34654

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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: RAYMOND GOLDBACH**SECRETARY/TREASURER** 04/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SADDLEMIRE, DEBORAH
Address	12203 HUNTERS LAKE DR
City-State-Zip:	NEW PORT RICHEY FL 34654