

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761908 (3)
1. Corporation Name
HUNTERS CROSSING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**350 HUNTERS CROSSING
TALLAHASSEE FL 32312-1453** **350 HUNTERS CROSSING
TALLAHASSEE FL 32312-1453**

2. Principal Place of Business 2a. Mailing Address
21 344 REMINGTON RUN LA 26 344 REMINGTON RUN LA
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 TAL, FL 28 TAL, FL
Zip Country Zip Country
24 32312 25 USA 29 32312 30 USA

3. Date Incorporated or Qualified **02/10/1982** 3a. Date of Last Report **02/15/1995**
4. FEI Number **59-2156808** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MOORE, W. TAYLOR
111-21 S. MAGNOLIA DR.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ROBERT E.	1.2 NAME	CARTER, ROBERT E.
STREET ADDRESS	344 REMINGTON RUN LOOP	1.3 STREET ADDRESS	344 REMINGTON RUN LP.
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TAL, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROELSTRUP, JO	2.2 NAME	TROELSTRUP, JO
STREET ADDRESS	331 REMINGTON RUN LOOP	2.3 STREET ADDRESS	331 REMINGTON RUN LP
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TAL, FL
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERS, B.J.	3.2 NAME	HENDERSON, DONALD C.
STREET ADDRESS	346 HUNTERS CROSSING	3.3 STREET ADDRESS	353 HUNTERS CROSSING
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TAL, FL.
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jo Troelstrup*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 904-386-4354
Date Daytime Phone #

CR2E037 (12/95)