

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90017 029 ****61.25

DOCUMENT # 761908

1. Corporation Name

HUNTERS CROSSING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3204 REMINGTON RUN
TALLAHASSEE FL 32312
US

Mailing Address

3204 REMINGTON RUN
TALLAHASSEE FL 32312
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/10/1982

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-2156808

Applied For

Not Applicable

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

NAME VD
CARTER, ROBERT E.
STREET ADDRESS 344 REMINGTON RUN LOOP
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME PD
HOGAN, PAT
STREET ADDRESS 3318 REMINGTON RUN
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE PD ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME VD
WILLIAMS, JOANNE
STREET ADDRESS 333 RUGER COURT
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE VD ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

386-1865
Daytime Phone #

CR2E037 (11/98)