

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90173 031 \*\*\*\*61.25

**DOCUMENT # 761908**

1. Entity Name

**HUNTERS CROSSING HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3204 REMINGTON RUN  
 TALLAHASSEE FL 32312  
 US

3204 REMINGTON RUN  
 TALLAHASSEE FL 32312-1460  
 US

00004720



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2156808

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☒ Delete  
 NAME **MORGAN, CONNIE**  
 STREET ADDRESS **3322 REMINGTON RUN**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **Bill Brubaker**  
 STREET ADDRESS **3209 Remington Run**  
 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **VD President** ☐ Delete  
 NAME **YON, DAVID**  
 STREET ADDRESS **356 COLT COURT**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☒ Addition  
 NAME **President of Board**  
 STREET ADDRESS **Yon, David**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition  
 NAME **Jack Hoons**  
 STREET ADDRESS **372 Rob Roy Trail**  
 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**David Yon**  
**SIGNATURE:**

**SIGNATURE REQUIRED 1/9/00**

**(850) 385-1063**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)