

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90070 031 ****61.25

DOCUMENT # 761908

1. Entity Name

HUNTERS CROSSING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**374 ROB ROY TRAIL
TALLAHASSEE FL 32312
US**

Mailing Address

**P.O. BOX 180116
TALLAHASSEE FL 32318-0116
US**

2. Principal Place of Business

348 REMINGTON RUN COURT

3. Mailing Address

P.O. Box 180116

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number **59-2156808**

Applied For

Not Applicable

Zip

Country **USA**

LEON Co.

Zip

32318-0116

Country

U.S.A.

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, TAYLOR W
239 E. VIRGINIA STREET
TALLAHASSEE FL 32302-0507**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREESON, VIRGINIA	
STREET ADDRESS	374 ROB ROY TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCARTHUR, STEVE	
STREET ADDRESS	373 ROB ROY TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOWNING, GAIL	
STREET ADDRESS	377 ROB ROY TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, ROBERT E	
STREET ADDRESS	344 REMINGTON RUN LOOP	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	S	<input type="checkbox"/> Delete
NAME	HASSLER, VIRGINIA	
STREET ADDRESS	346 REMINGTON RUN COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGES, WAYNE	
STREET ADDRESS	333 REMINGTON RUN LOOP	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILBUR G. YATES	
STREET ADDRESS	348 REMINGTON RUN COURT	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

NOTARIAL REQUIRED

4/29/2003

850-487-8697

CR2E037 (10/02)