

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG 23 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002027

1. Entity Name
HUNTINGTON RIDGE PROPERTY OWNER'S
ASSOCIATION, INC.



Principal Place of Business
2626 DUFF RD.
LAKELAND, FL 33810

Mailing Address
2626 DUFF RD.
LAKELAND, FL 33810



2. Principal Place of Business
2615 Pine Valley Drive

3. Mailing Address
P.O. Box 1202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Kathleen, FL

Zip
33810

Country
Polk

Zip
33849

Country
Polk

07302004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOCIA, CLARENCE J
2626 DUFF RD.
LAKELAND, FL 33810

7. Name and Address of New Registered Agent

Name
Nicole Smecek

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

2529 Pine Valley Drive

City

Lakeland

FL

Zip Code
33810

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 Nicole Smecek, Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

200040580362
08/27/04--01037-8/4/04 \$61.25

Amended AR 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOCIA, CLARENCE J 105 HEATHERPOINT DR. LAKELAND, FL 33810 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST PETERSON, ELAINE 7041 MONTEAL DR. LAKELAND, FL 33810 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AMMONS, PAT 2626 DUFF RD. LAKELAND, FL 33810 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Charles N. Campbell 2615 Pine Valley Drive Lakeland, FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President, Director Willie Johnson 7346 Beaumont Drive Lakeland, FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kathy Forster 7489 Pleasant Hill Drive Lakeland, FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Heidi Evans 2525 Pine Valley Drive Lakeland, FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Keith A. Forster 7489 Pleasant Hill Drive Lakeland, FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mike Evans 2525 Pine Valley Drive (See Attached Lakeland, FL 33810 (for additional Directors) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles N. Campbell, President 8/4/04

Date

Daytime Phone #

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2004 Not-For-Profit Corporation
Amended Annual Report

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Additional Directors

11. Title: Director
Name: Chuck Smith
Address: 2530 Pine Valley Drive
Lakeland, FL 33810

Title: Director
Name: Randy Hein
Address: 2533 Pine Valley Drive
Lakeland, FL 33810

Title: Director
Name: Nicole Smecek
Address: 2529 Pine Valley Drive
Lakeland, FL 33810