


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90206 043 ****61.25

DOCUMENT # N05000001606						
1. Entity Name HUNTER'S RIDGE HOMEOWNERS ASSOCIATION OF COLUMBIA COUNTY, INC.						
Principal Place of Business 2806 W. US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055			Mailing Address 2806 W. US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055			
2. Principal Place of Business P.O. Box 914 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 914 Suite, Apt. #, etc.		04182006 Chg-NP CR2E037 (11/05)		
City & State Lake City, Florida		City & State Lake City, Florida		4. FEI Number 20-3164456		
Zip 32056		Country Columbia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CRAPPS, DANIEL 2806 W. US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055				7. Name and Address of New Registered Agent Name: MARSHA MORRISON Street Address (P.O. Box Number is Not Acceptable): 521 SW MOSSEY OAK WAY City: LAKE CITY, FL Zip Code: 32024		
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: <u>MARSHA MORRISON</u> / <u>TREASURER / SECRETARY</u> DATE: <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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 NAME CRAPPS, DANIEL STREET ADDRESS 2806 W. US HIGHWAY 90, SUITE 101 CITY-ST-ZIP LAKE CITY, FL 32055	<input type="checkbox"/> Delete			TITLE P NAME SHERRY CONKLIN STREET ADDRESS 125 SW. MAHARD GLEN CITY-ST-ZIP LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME CRAPPS, AILEEN STREET ADDRESS 2806 W. US HIGHWAY 90, SUITE 101 CITY-ST-ZIP LAKE CITY, FL 32055	<input type="checkbox"/> Delete			TITLE V NAME JOHN MORRISON STREET ADDRESS 521 S.W. MOSSEY OAK WAY CITY-ST-ZIP LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HICKS, LISA STREET ADDRESS 2806 W. US HIGHWAY 90, SUITE 101 CITY-ST-ZIP LAKE CITY, FL 32055	<input type="checkbox"/> Delete			TITLE T/S NAME MARSHA MORRISON STREET ADDRESS 521 S.W. MOSSEY OAK WAY CITY-ST-ZIP LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>MARSHA MORRISON</u> <u>TREASURER / SECRETARY</u> <u>4/24/06</u>				386-755-1377		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		