

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000001606

1. Entity Name
**HUNTER'S RIDGE HOMEOWNERS ASSOCIATION OF
COLUMBIA COUNTY, INC.**



Principal Place of Business

**PO BOX 914
LAKE CITY, FL 32056**

Mailing Address

**PO BOX 914
LAKE CITY, FL 32056**

DO NOT WRITE IN THIS SPACE



02012008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

20-3164456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORRISON, MARSHA
521 SW MOSSY OAK WAY
LAKE CITY, FL 32024**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CONKLIN, SHELBY
125 SW MAILAND GLEN
LAKE CITY, FL 32024**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MORRISON, JOHN
521 SW MOSSY OAK WAY
LAKE CITY, FL 32024**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
MORRISON, MARSHA
521 SW MOSSY OAK WAY
LAKE CITY, FL 32024**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000822843
02/20/08-80011-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Marsha Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-08
Date

384 755 6377
Daytime Phone #