

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001606

FILED  
Feb 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

PO BOX 914  
LAKE CITY, FL 32056

**New Principal Place of Business:**

HUNTERS RIDGE HOA OF COLUMBIA  
LAKE CITY, FL 32056

**Current Mailing Address:**

PO BOX 914  
LAKE CITY, FL 32056

**New Mailing Address:**

PO BOX 914  
LAKE CITY, FL 32056-914

**FEI Number:** 20-3164456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CONKLIN, SHELBY  
Address: 125 SW MAILAND GLEN  
City-St-Zip: LAKE CITY, FL 32024

Title: V ( ) Delete  
Name: MORRISON, JOHN  
Address: 521 SW MOSSY OAK WAY  
City-St-Zip: LAKE CITY, FL 32024

Title: TS ( ) Delete  
Name: MORRISON, MARSHA  
Address: 521 SW MOSSY OAK WAY  
City-St-Zip: LAKE CITY, FL 32024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELBY CONKLIN

P

02/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date