

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90935 026 ****61.25

DOCUMENT # N05470

1. Entity Name

HUNTER'S RUN HOMEOWNERS ASSOCIATION IN FOX RUN,

Principal Place of Business

Mailing Address

10045 FOX RUN ROAD
 PENSACOLA FL 32514
 US

10045 FOX RUN ROAD
 PENSACOLA FL 32514
 US

2. Principal Place of Business

10023 Foxrun Rd.
 Suite, Apt. #, etc.

3. Mailing Address

10023 Foxrun Rd.
 Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-2456280

Applied For

Not Applicable

Zip

32514

Country

USA

Zip

32514

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANCEY, ROBERT J.
 10045 FOX RUN ROAD
 PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name Clifford R. Buckley

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

10023 Foxrun Rd.

City

Pensacola

FL

Zip Code

32514

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.

SIGNATURE

Clifford R. Buckley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUCKLEY, CLIFF	
STREET ADDRESS	10025 FOX RUN ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	SDTD	<input checked="" type="checkbox"/> Delete
NAME	CLANCEY, ROBERT J	
STREET ADDRESS	10045 FOX RUN RD.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABLES, RICK	
STREET ADDRESS	10021 FOX RUN ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SIT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carroll B. Clark	
STREET ADDRESS	10001 Foxrun Rd.	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input 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		<input 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:

Richard W. Ables **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(850) 484 9968

Daytime Phone #

CR2E037 (10/00)