

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05470

1. Entity Name

HUNTER'S RUN HOMEOWNERS ASSOCIATION IN FOX RUN, INC.

Principal Place of Business

Mailing Address

10023 FOXRUN ROAD
PENSACOLA FL 32514
US

10023 FOXRUN ROAD
PENSACOLA FL 32514
US

2. Principal Place of Business

3. Mailing Address

10007 Foxrun Rd
Suite, Apt. #, etc.

10007 Foxrun Rd
Suite, Apt. #, etc.

City & State

City & State

Pensacola, FL

Pensacola, FL

Zip

Country

Zip

Country

32514

USA

32514

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCKLEY, CLIFFORD R.
10023 FOXRUN ROAD
PENSACOLA FL 32514

Name E.T. Baisden

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

10007 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BUCKLEY, CLIFF
STREET ADDRESS 10025 FOX RUN ROAD
CITY-ST-ZIP PENSACOLA FL 32514

TITLE PD
NAME E.T. Baisden
STREET ADDRESS 10007 Foxrun Rd.
CITY-ST-ZIP Pensacola, FL 32514

TITLE STD
NAME CLARK, CARROLL B
STREET ADDRESS 10001 FOXRUN ROAD
CITY-ST-ZIP PENSACOLA FL 32514

TITLE VD
NAME Carol Williams
STREET ADDRESS 10011 Foxrun Rd.
CITY-ST-ZIP Pensacola, FL 32514

TITLE VD
NAME ABLES, RICK
STREET ADDRESS 10021 FOX RUN ROAD
CITY-ST-ZIP PENSACOLA FL 32514

TITLE STD
NAME Rickey Ables
STREET ADDRESS 10021 Foxrun Rd
CITY-ST-ZIP Pensacola, FL 32514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Rickey Ables

4/26/02

850 968-8706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0007982

359068



DO NOT WRITE IN THIS SPACE