2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 14, 2008
Secretary of State

DOCUMENT# N07000003080

Entity Name: HUNTERS GLENN HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

4 LAGUNA STREET, SUITE 201
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

4 LAGUNA STREET
SUITE 201
FORT WALTON BEACH, FL 32548

Current Mailing Address:

4 LAGUNA STREET, SUITE 201
FORT WALTON BEACH, FL 32548

New Mailing Address:

4 LAGUNA STREET
SUITE 201
FORT WALTON BEACH, FL 32548

FEI Number: 20-8756956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLBERT, RICHARD M
4 LAGUNA STREET, SUITE 101
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

COLBERT, RICHARD M
4 LAGUNA STREET
SUITE 101
FORT WALTON BEACH, FL 32548 US

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: RICHARD M. COLBERT 11/14/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEGALLO, STEVEN P
Address: 4 LAGUNA STREET, SUITE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: WCHWEIZER, W. TODD
Address: 4 LAGUNA STREET, SUITE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: SPELLMAN, MICHAEL P
Address: 16 GULF VIEW DRIVE
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DEL GALLO, STEVEN P
Address: 4 LAGUNA STREET, SUITE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Change ( ) Addition
Name: SCHWEIZER, W. TODD
Address: 4 LAGUNA STREET, SUITE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

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: W. TODD SCHWEIZER D 11/14/2008
Electronic Signature of Signing Officer or Director Date