2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State
02-27-2001 90350 047 ****61.25

0027980

DOCUMENT # N13485

1. Entity Name

HUNTER'S CREEK COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5100 TOWN CENTER BLVD ORLANDO FL 32837 US	5100 TOWN CENTER BLVD ORLANDO FL 32837 US

815104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2730786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYLOR, ROBERT L 1900 SUMMIT TOWER BLVD SUITE 820 ORLANDO FL 32810	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MONGOVEN, JOHN 5100 TOWN CENTER BLVD. ORLANDO FL 32837	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~PALANT, CHARLES~~ 5100 TOWN CENTER BLVD ORLANDO FL 32837	☐ Delete	DENNIS FREYTES	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~CAVARETTA, CHUCK~~ 5100 TOWN CENTER BLVD ORLANDO FL 32837	☐ Delete	DAVID DINGEE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~SCOTT, LARRY~~ 5100 TOWN CENTER BLVD ORLANDO FL 32837	☐ Delete	SD DONNA WILHELM	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CALLENDER, JACK 5100 TOWN CENTER BLVD ORLANDO FL 32837	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRD BABB, DEL 5100 TOWN CENTER BLVD ORLANDO FL 32837	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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. JOHN MONGOVEN

SIGNATURE: SIGNATURE REQUIRED, PRESIDENT 1/10/01 407-240-0162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #