

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90092 007 ****61.25

DOCUMENT # N13485

1. Entity Name

HUNTER'S CREEK COMMUNITY ASSOCIATION, INC.

Principal Place of Business

5100 TOWN CENTER BLVD
 ORLANDO FL 32837
 US

Mailing Address

5100 TOWN CENTER BLVD
 ORLANDO FL 32837
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2730786

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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)

850 Concourse Parkway South
Suite 105

City

Maitland

FL

Zip Code

32751

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	DP	<input type="checkbox"/> Delete
NAME	MONGOVEN, JOHN	
STREET ADDRESS	5100 TOWN CENTER BLVD.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREYTES, DENNIS	
STREET ADDRESS	5100 TOWN CENTER BLVD	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DINGEE, DAVID	
STREET ADDRESS	5100 TOWN CENTER BLVD	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILHELM, DONNA	
STREET ADDRESS	5100 TOWN CENTER BLVD	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CALLENDER, JACK	
STREET ADDRESS	5100 TOWN CENTER BLVD	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	BABB, DEL	
STREET ADDRESS	5100 TOWN CENTER BLVD	
CITY-ST-ZIP	ORLANDO FL 32837	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dominick Fruci	
STREET ADDRESS	5100 Town Center Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemarie Richter	
STREET ADDRESS	5100 Town Center Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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: *John Mongoven* **JOHN MONGOVEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02

Date

Daytime Phone #

CR2E037 (9/01)