

# 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

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 ☐ Delete  
NAME MONGOVEN, JOHN  
STREET ADDRESS 5100 TOWN CENTER BLVD.  
CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☐ Change ☒ Addition  
NAME Dominick Fruci  
STREET ADDRESS 5100 Town Center Blvd.  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE D ☒ Delete  
NAME FREYTES, DENNIS  
STREET ADDRESS 5100 TOWN CENTER BLVD  
CITY-ST-ZIP ORLANDO FL 32837

TITLE SD ☐ Change ☒ Addition  
NAME Rosemarie Richter  
STREET ADDRESS 5100 Town Center Blvd.  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE D ☒ Delete  
NAME DINGEE, DAVID  
STREET ADDRESS 5100 TOWN CENTER BLVD  
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME WILHELM, DONNA  
STREET ADDRESS 5100 TOWN CENTER BLVD  
CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME CALLENDER, JACK  
STREET ADDRESS 5100 TOWN CENTER BLVD  
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TRD ☐ Delete  
NAME BABB, DEL  
STREET ADDRESS 5100 TOWN CENTER BLVD  
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Change ☐ 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* SIGNATURE REQUIRED: Mongoven

1-17-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)