FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:04

DOCUMENT # N21638 (4)

1. Corporation Name
HUNTER'S RIDGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4800 MILE STRETCH RD P.O. BOX 3316 HOLIDAY FL 34690	4800 MILE STRETCH RD PO BOX 3370 HOLIDAY FL 34690 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2849292 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REIMER, FREDERICK
4800 MILE STRETCH RD
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	SD	☒ Change ☐ Addition
NAME	NASSO, ROSEMARY	12 NAME	Fred Highhouse	
STREET ADDRESS	9901 HERMOSILLO DR.	13 STREET ADDRESS	9609 Via Segovia	
CITY-ST-ZIP	NEW PT RICHEY FL	14 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	ODORISIO, TONY	22 NAME		
STREET ADDRESS	9505 VIA SEGOVIA	23 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	PARADISO, GENE	32 NAME		
STREET ADDRESS	5232 SALTAMONTE DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	KNAUSE, EARL	42 NAME		
STREET ADDRESS	5438 SALTAMONTE DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE	PD	☒ Change ☐ Addition
NAME	HECHT, ART	52 NAME	Hugh Townsend	
STREET ADDRESS	9735 HERMOSILLO	53 STREET ADDRESS	9701 Hermosillo Drive	
CITY-ST-ZIP	NEW PORT RICHEY FL	54 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2-2 MARK SR 372 6615
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — (Daytime Phone #)

000419