

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

06/30/1987

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2849292

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REIMER, FREDERICK
4800 MILE STRETCH RD
HOLIDAY FL 34690**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE

NAME **HIGHHOUSE, FRED**
STREET ADDRESS **9609 VIA SEGOVIA**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VD** ☐ DELETE

NAME **ODORISIO, TONY**
STREET ADDRESS **9505 VIA SEGOVIA**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VD** ☐ DELETE

NAME **PARADISO, GENE**
STREET ADDRESS **5232 SALTAMONTE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **TD** ☐ DELETE

NAME **KNAUSE, EARL**
STREET ADDRESS **5438 SALTAMONTE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **PD** ☐ DELETE

NAME **TOWNSEND, HUGH**
STREET ADDRESS **9701 IERROSILLO DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VD** ☐ Change ☐ Addition

2.2 NAME **Joe Deferno**
2.3 STREET ADDRESS **5543 El Cerro Dr.**
2.4 CITY-ST-ZIP **New Port Richey FL 34655**

3.1 TITLE **TD** ☐ Change ☐ Addition

3.2 NAME **Mary Decanio**
3.3 STREET ADDRESS **99717 Via Segovia**
3.4 CITY-ST-ZIP **New Port Richey FL 34655**

4.1 TITLE **SD** ☐ Change ☐ Addition

4.2 NAME **Roland Reed**
4.3 STREET ADDRESS **5549 El Cerro Dr.**
4.4 CITY-ST-ZIP **New Port Richey FL 34655**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)