FILE NOW: FILING FEE IS $61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	V. President D	☒ Change ☐ Addition
NAME	BURLEY, AL		1.2 NAME	Martin Smith	
STREET ADDRESS	9349 CALLE ALTA		1.3 STREET ADDRESS	9331 Via Segovia	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	VD	☒ DELETE	2.1 TITLE	2nd V. President D	☒ Change ☐ Addition
NAME	FUNFGELD, BOB		2.2 NAME	Ken King	
STREET ADDRESS	9518 VIA SEGOVIA		2.3 STREET ADDRESS	9741 Loma Linda Ct.	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	TD	☒ DELETE	3.1 TITLE	Treasurer T	☒ Change ☐ Addition
NAME	DECANIO, MARY		3.2 NAME	Ken Durr	
STREET ADDRESS	99717 VIA SEGOVIA		3.3 STREET ADDRESS	9322 Calle Alta	
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	SD	☒ DELETE	4.1 TITLE	Secretary D	☒ Change ☐ Addition
NAME	REED, ROLAND		4.2 NAME	Charles Paul	
STREET ADDRESS	5549 EL CERRO DRIVE		4.3 STREET ADDRESS	9337 Via Segovia	
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TOWNSEND, HUGH		5.2 NAME		
STREET ADDRESS	9701 HERMOSILLO DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: _____ 5-19-98