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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21638**

1. Corporation Name

HUNTER'S RIDGE HOMEOWNER'S ASSOCIATION, INC.

197034 - 90131 - 21

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

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>06/30/1987 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2849292 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| REIMER, FREDERICK<br>4800 MILE STRETCH RD<br>HOLIDAY FL 34690 | 81<br>82 Dean Helms<br>83 4800 Mile Stretch Drive<br>84 Holiday, Fl 34690 |

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 Dean Helms 2/23/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>SMITH, MARTIN<br>9331 VIA SEGOVIA<br>NEW PORT RICHEY FL 34655 | ☑ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | VPD-Ray Carson<br>4800 Mile Stretch Drive<br>Holiday, Fl 34690 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>KING, KEN<br>9741 LOMA LINDA CT<br>NEW PORT RICHEY FL 34655 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | T-Durr, Ken<br>4800 Mile Stretch Drive<br>Holiday, FL 34690 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>DURR, KEN<br>9322 CALLE ALTA<br>NEW PORT RICHEY FL 34655 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | VPD-Ken Korvun<br>4800 Mile Stretch Drive<br>Holiday, FL 34690 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>PAUL, CHARLES<br>9337 VIA SEGOVIA<br>NEW PORT RICHEY FL 34655 | ☑ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | SD-Glenna Hileman<br>4800 Mile Stretch Drive<br>Holiday, FL 34690 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>TOWNSEND, HUGH<br>9701 HERMOSILLO DRIVE<br>NEW PORT RICHEY FL | X DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | P-Dean Helms<br>4800 Mile Stretch Drive<br>Holiday, Fl 34690 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D- William Cummings<br>4800 Mile Stretch Drive<br>Holiday, FL 34690 | ☐ Change ☑ Addition |

CR2E037 (11/98)

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, with all other like empowered.

**SIGNATURE:** Dean Helms SIGNATURE REQUIRED Dean A. Helms 2/23/99 727-376-9207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #