2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State
02-16-2000 90067 034 ****61.25

DOCUMENT # N21638

1. Entity Name

HUNTER'S RIDGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W SR 434 STE 5000 LONGWOOD FL 32779-5044	4800 MILE STRETCH RD PO BOX 3370 HOLIDAY FL 34690-0370 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2180 W SR 434 Suite, Apt. #, etc. STE 5000
City & State	City & State LONGWOOD FL
Zip / Country	Zip 32779 / Country US

4. FEI Number 59-2849292 ☐ Applied For ☐ Not Applicable

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
HART, JAMES W JR 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CARSON, RAY 4800 MILE STRETCH DR HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XXX Change ☐ Addition 5424 SALTAMONIE DR NEW PORT RICHEY FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KING, KEN 9741 LOMA LINDA CT NEW PORT RICHEY FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUMMINGS, WILLIAM 5315 LAPLATA DR NEW PORT RICHEY FL 34655 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DURR, KEN 4800 MILE STRETCH DR HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 9322 CALLE ALTA NEW PORT RICHEY FL 34655
NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KORVUN, KEN 4800 MILE STRETCH DR HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XXX Change ☐ Addition 5504 SALTAMONIE DR NEW PORT RICHEY FL 34655
NAME / STREET ADDRESS / CITY-ST-ZIP	SD HILEMAN, GLENNA 4800 MILE STRETCH DR HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 9711 VIA SEGOVIA NEW PORT RICHEY FL 34655
NAME / STREET ADDRESS / CITY-ST-ZIP	P HELMS, DEAN 4800 MILE STRETCH DR HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 5455 SALTAMONIE DR NEW PORT RICHEY FL 34655

CR2E037 (9/99)

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: Deon A Helms Deon A Helms Pres 2/3/00 727-3769207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
DH No 1638
DW 2/9/17

D
MATHEWS,CHRISSY
5459 SALTAMONTE DR
NEW PORT RICHEY FL 34655

D
MULLEN,HELEN
5344 LA PLATA DR
NEW PORT RICHEY FL 34655