

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21638

1. Entity Name

HUNTER'S RIDGE HOMEOWNER'S ASSOCIATION, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90168 050 ****61.25

Principal Place of Business

2180 W SR 434 STE 5000
LONGWOOD FL 32779-5044

Mailing Address

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

2. Principal Place of Business

11235 Osceola Dr

3. Mailing Address

11235 Osceola Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

New Port Richey FL

Zip Country

34654 Pasco

Zip Country

34654 Pasco

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

HART, JAMES W JR
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779-5044

7. Name and Address of New Registered Agent

AL BURLEY

Street Address (P.O. Box Number is Not Acceptable)

11235 Osceola Dr

New Port Richey FL 34654

City

FL

Zip Code

346544

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 date 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

TITLE VPD
NAME CARSON, RAY ☒ Delete
STREET ADDRESS 5424 SALTAMONTE DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D
NAME CUMMINGS, WILLIAM ☒ Delete
STREET ADDRESS 5315 LAPLATA DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE T
NAME DURR, KEN ☒ Delete
STREET ADDRESS 9322 CALLE ALTA
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE VPD
NAME KORVUN, KEN ☒ Delete
STREET ADDRESS 5504 SALTAMONTE DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE SD
NAME HILEMAN, GLENNA ☒ Delete
STREET ADDRESS 9711 VIA SEGOVIA
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE P
NAME HELMS, DEAN ☒ Delete
STREET ADDRESS 5455 SALTAMONTE DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Al Burley
STREET ADDRESS 9349 Calle Alta
CITY-ST-ZIP New Port Richey FL

TITLE STD ☐ Change ☒ Addition
NAME Cathy Kowal
STREET ADDRESS 5452 Saltamonte Dr
CITY-ST-ZIP New Port Richey FL

TITLE D ☐ Change ☒ Addition
NAME Anthony Cilluffo
STREET ADDRESS 9319 Calle Alta
CITY-ST-ZIP New Port Richey FL

TITLE VPD ☐ Change ☒ Addition
NAME Glenna Hileman
STREET ADDRESS 9711 Via Segovia
CITY-ST-ZIP New Port Richey FL

TITLE D ☐ Change ☒ Addition
NAME Dan Faiella
STREET ADDRESS 9731 Via Segovia
CITY-ST-ZIP New Port Richey FL

TITLE D ☐ Change ☒ Addition
NAME Dave Morreale
STREET ADDRESS 9415 Calle Alta
CITY-ST-ZIP New Port Richey, FL

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4-3-01 727-967-2808

CR2E037 (10/00)