2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90017 031 ****61.25

DOCUMENT # N21638

1. Entity Name

HUNTER'S RIDGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11235 OSCEOLA DR NEW PORT RICHEY FL 34654	11235 OSCEOLA DR NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
BURLEY, AL 11235 OSCEOLA DR NEW PORT RICHEY FL 34654	Name: Mary Ann Myszkowiak Street Address (P.O. Box Number is Not Acceptable): 11235 Osceola Dr City: New Port Richey **FL** Zip Code: 34654

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: Mary Ann Myszkowiak Agent — 2/11/02
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE
MARY ANN MYSZKOWIAK

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	PD BURLEY, AL 9349 CALLE ALTA NEW PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KOWAL, CATHY 5452 SALTAMONTE DR NEW PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CILLUFFO, ANTHONY 9319 CALLE ALTA NEW PORT RICHEY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Randy Keslar 9738 Reynosa Dr New Port Richey FL 34655 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HILEMAN, GLENNA 9711 VIA SEGOVIA NEW PORT RICHEY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fred Highhouse 9609 Via Segovia New Port Richey FL 34655 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAIELLLA, DAN 9731 VIA SEGOVIA NEW PORT RICHEY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rick Vetter 9338 Calle Alta New Port Richey FL 34655 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORREALE, DAVE 9415 CALLE ALTA NEW PORT RICHEY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mary Jo Decanio 9717 Via Segovia New Port Richey FL 34655 ☐ Change ☒ Addition

CR2E037 (9/01)

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: Cathy Kowal — 2/25/02 — 727-372-9656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #