

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90218 038 ****61.25

DOCUMENT # N21638 1. Entity Name HUNTER'S RIDGE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 11235 OSCEOLA DR NEW PORT RICHEY, FL 34654			Mailing Address 11235 OSCEOLA DR NEW PORT RICHEY, FL 34654		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2849292	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MYSZKOWIAK, MARY ANN 11235 OSCEOLA DR NEW PORT RICHEY, FL 34654				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.				DATE _____ (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURLEY, AL 9349 CALLE ALTA NEW PORT RICHEY, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hugh Townsend 9701 Hermosillo Dr New Port Richey FL 34655	☐ 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	PD KESLAR, RANDY 9738 REYNOSA DR. NEW PORT RICHEY, FL 34655	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jerry Firlik 5243 Las Flores Via New Port Richey FL 34655	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HIGHHOUSE, FRED 9609 VIA SEGOVIA NEW PORT RICHEY, FL 34655	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Kobielnik 9444 Calle Alta New Port Richey FL 34655	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECANIO, MARY JO 9717 VIA SEGOVIA NEW PORT RICHEY, FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 # _____		

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