

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N21638

1. Entity Name
HUNTER'S RIDGE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**6710 EMBASSY BLVD
SUITE 204
PORT RICHEY, FL 34668**

Mailing Address
**PO BOX 1407
PORT RICHEY, FL 34673**

DO NOT WRITE IN THIS SPACE



04252008 No Chg-NP CR2E037 (4/06)

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

**MYSZKOWIAK, MARY ANN
6710 EMBASSY BLVD
SUITE 204
PORT RICHEY, FL 34668**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TOWNSEND, HUGH
STREET ADDRESS 9701 HERMOSILLO DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE STD
NAME KOWAL, CATHY
STREET ADDRESS 5452 SALTAMONTE DR
CITY-ST-ZIP NEW PORT RICHEY, FL

TITLE D
NAME JULIANO, PATTY
STREET ADDRESS 5242 LA PLATA
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE VPD
NAME KOBIELNIK, LARRY
STREET ADDRESS 9444 CALLE ALTA
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE D
NAME HIGHHOUSE, FRED
STREET ADDRESS 9609 VIA SEGOVIA
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000937805
05/27/08-80065-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Priscilla 4/29/08 727-859-9734