N26528

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: HUNTERS RIDGE COMMUNITY AS	SSOCIATION, INC.
Name of Corporation	
DOCUMENT NUMBER: N26528	<u> </u>
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
LISA D. OXTON	
Name of Contact Person	
HUNTERS RIDGE COMMUNITY ASSOCIATION	, INC.
Firm/Company	
12500 HUNTERS RIDGE DR.	
Address	
BONITA SPRINGS, FL 34135	
City/State and Zip Code	
lisa@huntersridge-ca.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	lease call:
LISA D. OXTON	at (239)992-4900
Name of Contact Person	at (239) 992-4900 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
ranamose, respecti	Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of FLORIDA	
		gistered agent, or both, in the State of Florida.	
1. The name of	the corporation: HUNTERS RIDGE C	OMMUNITY ASSOCIATION, INC.	
2. The principal	l office address: 12500 HUNTERS RII	OGE BLVD., BONITA SPRINGS, FL 34135	
	address (if different):		
4. Date of incor	poration/qualification: 05/20/1988	Document number: N26528	
5. The name and Florida Depa	d street address of the current registered attment of State: (If resigned, enter resigned)	ed agent and registered office on file with the igned)	
	RICHARD DECOSTE		
	28509 F.B. FOWLER CT.		
	BONITA SPRINGS, FL. 34135		
6. The name an (if changed):		agent (if changed) and /or registered office	
	DONALD G. HUPRICH		
	12500 HUNTERS RIDGE DR.		
	P.C). Box NOT acceptable	
	BONITA SPRINGS, FL 34135		
The street addr	ress of its registered office and the str I be identical.	rect address of the business office of its registered ago	nt.
Such change wauthorized by t	as authorized by resolution duly ado the board or the corporation has been	pted by its board of directors or by an officereson notified in writing of the change.	
- Kichar Signati	rd De Coste	RICHARD DECOSTE, DIRECTOR/PRESIDENT Printed or typed name and title	_
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as registered agen to comply with the provisions of all nd I am familiar with and accept the ving filed merely to reflect a change i as been notified in writing of this cha	t and agree to act in this capacity, statutes relative to the proper and complete performa obligation of my position as registered agent. Or, if n the registered office address, I hereby confirm that nge.	nc thi the
Wright (G Huprich	06/22/2021	
Si	gnature of Registered Agent	Date	_
If signing on b	ehalf of an entity:		
<u></u> 1	Typed or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)