

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 11 1998 8:00am
Secretary of State

DOCUMENT # N31812 (3)

1. Corporation Name

HUNTER'S RIDGE WATER, ENVIRONMENT AND WILDLIFE M
ANAGEMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

100 SHADOW CROSSINGS BLVD
ORMOND BEACH FL 32174

100 SHADOW CROSSINGS BLVD
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified

04/24/1989

4. FEI Number

59-2956921

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BURNSIDE, TONYA L
100 SHADOW CROSSINGS BLVD
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name Griffin, Tonya L.
82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	UPSON, GERALD E	100 SHADOW CROSSINGS BLVD	ORMOND BEACH FL	<input type="checkbox"/>
TSD	BURNSIDE, TONYA L	100 SHADOW CROSSINGS BLVD	ORMOND BEACH FL	<input type="checkbox"/>
VD	SPEIDEL, BEN	100 SHADOW CROSSINGS BLVD.	ORMOND BEACH FL	<input type="checkbox"/>
D	NATHAN, ROBERT	100 SHADOW CORSSINGS BLVD.	ORMOND BEACH FL	<input checked="" type="checkbox"/>
D	RUE, CASEY	100 SHADOW CROSSINGS BLVD	ORMOND BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
TSD	Griffin, Tonya L.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
Weingartner, AL		100 Shadow Crossings Blvd.	ORMOND BEACH, FL 32174	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
Pickowski, Dan		100 Shadow Crossings Blvd	Ormond Beach, FL 32174	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tonya L. Griffin, Secretary Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 677-7298

CR2E037 (5/98)