FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N31812

1. Corporation Name

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

Principal Place of Business 100 SHADOW CROSSINGS BLVD ORMOND BEACH FL 32174

Mailing Address

100 SHADOW CROSSINGS BLVD ORMOND BEACH FL 32174

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90080 032 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed 04/24/1989			
Suite, Apt.	# etc	Suite, Apt. #, etc.	,		4. FEI Number	Apr	lied For
22	,, , , , , , , , , , , , , , , , , , ,	27			59-2956921	Not	Applicable
City & Stat	е	City & State			5. Certificate of Status Desired	\$8.75 A Fee Rec	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be
24	25 29 3			Trust Fund Contribution Added to Fees			Fees
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registered	Agent	
		•	81	Name			
GRIFFIN, TONYA L			82 Street Address (P.O. Box Number is Not Acceptable)				
100 SHADOW CROSSINGS BLVD							
ORMOND BEACH FL 32174			83				
			84	City	Pı	85 Zip C	ode
				<u> </u>	FL		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes.	, the abov	e-named col the comora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	changing its i ntment as rec	registerea iistered
agent	m familiar with, and accept the obligati	ions of Section 617.0503, Florid	a Statutes		> 1	h -	
SIGNATURE	Dones or	mrtin _			2/34	<u> 119</u>	
	Signature, typed or printed name of registered agent			nt signature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIPECTO	29 IN 12
12.	PD OFFICERS AND	D DIRECTIONS DELETE	13.	—т	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	UPSON, GERALD E	C DELETE	1.1 TITLE	ļ			
NAME	100 SHADOW CROSSINGS BLV	'n	1.2 NAME				
STREET ADDRESS	ORMOND BEACH FL	, u		TADDRESS			
CITY-ST-ZIP	TSD	☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP		Change	Addition
TITLE	GRIFFIN, TONYA L			1			
NAME	100 SHADOW CROSSINGS BLV	<i>n</i>	2.2 NAME				
STREET ADDRESS	_	טז		TADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL	☐ DELETE	2. 4 CITY-5	ST-ZIP		Change	Addition
TITLE	VD BEN	□ nërë i €	3.1 TITLE			Change	
NAME	SPEIDEL, BEN	^	3.2 NAME				
STREET ADDRESS	100 SHADOW CROSSINGS BLV	IU.		TADORESS			
CITY-ST-ZIP	ORMOND BEACH FL	□ DELETE	3.4. CITY-	ST-ZIP		Change	☐ Addition
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NAME	WEINMARTNER, AL 100 SHADOW CROSSINGS BOI	III EVADO	4. 2 NAME	T 4 DODGGG	weingartner, AL		
STREET ADDRESS	ORMOND BEACH FL 32174	OFFAVUR			,		
CITY-ST-ZIP	D DEACH FL 32174	☐ DELETE	4.4 CITY-S	ii-ZIP		☐ Change	Addition
TITLE	PIATKOWSKI, DAN	₩ DEFEIG	5.1 TITLE 5.2 NAME				ا العددد ال
NAME	100 SHADOW CROSSINGS BO	HI EVADO		TADDRESS			
STREET ADDRESS	ORMOND BEACH FL 32174		5.4 CITY-S				
CITY-ST-ZIP	GRINOND DEACH FL 32174	DELETE	6.1 TITLE	1:-ZIF		Change	Addition
TITLE		∏ nercie	6.2 NAME				
NAME			1	TADDRESS	•		
STREET ADDRESS	i		0.3 5 I NEE	- MUURESS			

14. 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 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, with all other like empowered.

904-677-7275