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

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

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N31812</b>					
1. Corporation Name <b>HUNTER'S RIDGE WATER, ENVIRONMENT AND WILDLIFE M ANAGEMENT ASSOCIATION, INC.</b>					
Principal Place of Business 100 SHADOW CROSSINGS BLVD ORMOND BEACH FL 32174			Mailing Address 100 SHADOW CROSSINGS BLVD ORMOND BEACH FL 32174		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/24/1989	
22 City & State		27 City & State		4. FEI Number 59-2956921	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
GRIFFIN, TONYA L 100 SHADOW CROSSINGS BLVD ORMOND BEACH FL 32174			81 Name 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 <i>[Signature]</i> DATE <i>2/24/99</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input type="checkbox"/> DELETE NAME UPSON, GERALD E STREET ADDRESS 100 SHADOW CROSSINGS BLVD CITY-ST-ZIP ORMOND BEACH FL			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE TSD <input type="checkbox"/> DELETE NAME GRIFFIN, TONYA L STREET ADDRESS 100 SHADOW CROSSINGS BLVD CITY-ST-ZIP ORMOND BEACH FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> DELETE NAME SPEIDEL, BEN STREET ADDRESS 100 SHADOW CROSSINGS BLVD. CITY-ST-ZIP ORMOND BEACH FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME WEINGARTNER, AL STREET ADDRESS 100 SHADOW CROSSINGS BOULEVARD CITY-ST-ZIP ORMOND BEACH FL 32174			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <i>Weingartner, AL</i> 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME PIATKOWSKI, DAN STREET ADDRESS 100 SHADOW CROSSINGS BOULEVARD CITY-ST-ZIP ORMOND BEACH FL 32174			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/24/99*

Date

*904-677-7275*

Daytime Phone #

CR2E037 (11/98)