

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31812

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME UPSON, GERALD E  
STREET ADDRESS 100 SHADOW CROSSINGS BLVD  
CITY-ST-ZIP ORMOND BEACH FL

TITLE TSD ☐ Delete  
NAME GRIFFIN, TONYA L  
STREET ADDRESS 100 SHADOW CROSSINGS BLVD  
CITY-ST-ZIP ORMOND BEACH FL

TITLE D ☐ Delete  
NAME SPEIDEL, BEN  
STREET ADDRESS 100 SHADOW CROSSINGS BLVD.  
CITY-ST-ZIP ORMOND BEACH FL

TITLE VD ☒ Delete  
NAME SINGER, HARVEY  
STREET ADDRESS 100 SHADOW CROSSINGS BLVD  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Delete  
NAME DWALL, KEN  
STREET ADDRESS 100 SHADOW CROSSINGS BLVD  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME Maryann Moore  
STREET ADDRESS 100 Shadow Crossings Blvd.  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Surrrette, Jack  
STREET ADDRESS 100 Shadow Crossings Blvd.  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE P ☒ Change ☐ Addition  
NAME Duvall, Ken  
STREET ADDRESS 100 Shadow Crossings Blvd.  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE D ☐ Change ☒ Addition  
NAME Stogner William  
STREET ADDRESS 100 Shadow Crossings Blvd.  
CITY-ST-ZIP Ormond Beach, FL 32174

12. 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 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: *Tonya L. Griffin, Sec. Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 (386) 677-7298

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)