

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90065 003 ****61.25

DOCUMENT # N31812

1. Entity Name

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



Principal Place of Business

100 SHADOW CROSSINGS BLVD
ORMOND BEACH FL 32174

Mailing Address

100 SHADOW CROSSINGS BLVD
ORMOND BEACH FL 32174

44021698



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2956921

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME MOORE, HAROLD W
STREET ADDRESS 1005 SHADOW CROSSING BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32174

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

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

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

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME V D Swanski, Paul
STREET ADDRESS 100 Shadow Crossings Blvd,
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☐ Delete
NAME D
STREET ADDRESS RUE, CASEY
CITY-ST-ZIP 100 SHADOW CROSSING BLVD
ORMOND BEACH FL 32174

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

2. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Tonya Griffin
Sec. Treas.

3/6/04 386-677-7275