

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07242008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
59-2956921

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees 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  
Kim C. Booker

Street Address (P.O. Box Number is Not Acceptable)  
1019 Town Center Dr., Suite 201

City  
Orange City

FL

Zip Code  
32763

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 D ☒ Delete  
NAME FERRIS, JAYNE  
STREET ADDRESS 100 SHADOW CROSSING BLVD  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE V.D. ☐ Change ☒ Addition  
NAME Briggs, Jayne F.  
STREET ADDRESS 100 Shadow Crossings Blvd.  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE DT ☒ Delete  
NAME GRIFFIN, TONYA L  
STREET ADDRESS 100 SHADOW CROSSINGS BLVD  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE T ☐ Change ☒ Addition  
NAME Rue, C. J.  
STREET ADDRESS 100 Shadow Crossings Blvd.  
CITY-ST-ZIP Ormond Beach, FL 32174

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

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

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

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

TITLE PD ☐ Delete  
NAME SWANSKI, PAUL  
STREET ADDRESS 100 SHADOW CROSSINGS BLVD  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400135603354  
09/09/08--01027--014 \*\*\$61.25

TITLE S ☐ Delete  
NAME COFFIELD, GINGER  
STREET ADDRESS 100 SHADOW CROSSINGS BLVD  
CITY-ST-ZIP ORMOND BEACH, FL 32174

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jayne F. Briggs Jayne F. Briggs

8/18/08

386-677-7275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/08