

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31812

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** HUNTER'S RIDGE WATER, ENVIRONMENT AND WILDLIFE MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

100 SHADOW CROSSINGS BLVD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

100 SHADOW CROSSINGS BLVD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

POST OFFICE BOX 353261  
PALM COAST, FL 32135

**FEI Number:** 59-2956921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRIGGS, JAYNE F  
100 SHADOW CROSSINGS BLVD  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

SOUTHERN STATES MANAGEMENT GROUP, INC.  
7 FLORIDA PARK DRIVE NORTH  
SUITE C  
PALM COAST, FL 32137 US

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: FRED ANNON, JR.

04/27/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SWANSKI, PAUL  
Address: POST OFFICE BOX 353261  
City-St-Zip: PALM COAST, FL 32135

Title: D  
Name: MERRILL, SAMUEL  
Address: POST OFFICE BOX 353261  
City-St-Zip: PALM COAST, FL 32135

Title: D  
Name: STOGNER, WILLIAM L  
Address: POST OFFICE BOX 353261  
City-St-Zip: PALM COAST, FL 32135

Title: D  
Name: PERKINSON, RICHARD  
Address: POST OFFICE BOX 353261  
City-St-Zip: PALM COAST, FL 32135

Title: D  
Name: BOOKER, KIM  
Address: POST OFFICE BOX 353261  
City-St-Zip: PALM COAST, FL 32135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL SWANSKI

D

04/27/2010

Electronic Signature of Signing Officer or Director

Date