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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32194

1. Corporation Name

HUNTER'S RIDGE UTILITY CORP.

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

05/09/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2956916

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD**
UPSON, GERALD E.
STREET ADDRESS **100 SHADOW CROSSINGS BLVD**
CITY-ST-ZIP **ORMOND BEACH FL**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VD**
SPEIDEL, BEN
STREET ADDRESS **100 SHADOW CROSSINGS BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **STD**
GRIFFIN, TONYA L
STREET ADDRESS **100 SHADOW CROSSINGS BLVD**
CITY-ST-ZIP **ORMOND BEACH FL**

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/99 (904) 677-7275

CR2E037 (11/98)