

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90163 049 \*\*\*\*61.25

**DOCUMENT # N32194**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2956916

Applied For

Not Applicable

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, 2005**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DUVALL, KEN	
STREET ADDRESS	100 SHADOW CROSSING BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SWANSKI, PAUL	
STREET ADDRESS	100 SHADOW CROSSINGS BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, TONYA L	
STREET ADDRESS	100 SHADOW CROSSINGS BLVD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, HAROLD W	
STREET ADDRESS	100 SHADOW CROSSING BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOKER, KIM	
STREET ADDRESS	100 SHADOW CROSSING BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUE, CASEY	
STREET ADDRESS	100 SHADOW CROSSING BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATHAN, ROBERT	
STREET ADDRESS	100 SHADOW CROSSINGS BLVD.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFIN, TONYA	
STREET ADDRESS	100 SHADOW CROSSINGS BLVD.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, STEVE	
STREET ADDRESS	100 SHADOW CROSSINGS BLVD.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPEIDEL, BEN	
STREET ADDRESS	100 SHADOW CROSSINGS BLVD.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUE, CASEY	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05

386-677-7275

Date

Daytime Phone #