

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90073 007 \*\*\*\*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**

**50001320**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2956916**

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**

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

**7. Name and Address of New Registered Agent**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	NATHAN, ROBERT	
STREET ADDRESS	100 SHADOW CROSSING BLVD.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SWANSKI, PAUL	
STREET ADDRESS	100 SHADOW CROSSINGS BLVD.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GRIFFIN, TONYA L	
STREET ADDRESS	100 SHADOW CROSSINGS BLVD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOWRY, BRUCE	
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 type="checkbox"/> Delete
NAME	FERRIS, JAYNE M	
STREET ADDRESS	100 SHADOW CROSSINGS BLVD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFFIELD, GINGER	
STREET ADDRESS	100 SHADOW CROSSINGS BLVD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSKI, PAUL	
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	STOGNER, WILLIAM	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TONYA GRIFFIN 2/12/08**

Date

Daytime Phone #

**386-677-7295**