

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 01, 2009
Secretary of State

DOCUMENT# N32194

Entity Name: HUNTER'S RIDGE UTILITY CORP.**Current Principal Place of Business:**100 SHADOW CROSSINGS BLVD
ORMOND BEACH, FL 32174**New Principal Place of Business:**1275 W. GRANADA BLVD.
SUITE 5A
ORMOND BEACH, FL 32174**Current Mailing Address:**100 SHADOW CROSSINGS BLVD
ORMOND BEACH, FL 32174**New Mailing Address:**1275 W. GRANADA BLVD.
SUITE 5A
ORMOND BEACH, FL 32174**FEI Number:** 59-2956916**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:**MERRILL, SAMUEL J
1275 W. GRANADA BLVD.
SUITE 5A
ORMOND BEACH, FL 32174 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: SAMUEL J. MERRILL, JR.

07/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: COFFIELD, GINGER
Address: 100 SHADOW CROSSINGS BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD (X) Delete
Name: SWANSKI, PAUL
Address: 100 SHADOW CROSSING BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: STOGNER, WILLIAM
Address: 100 SHADOW CROSSING BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: V (X) Delete
Name: BRIGGS, JAYNE F
Address: 100 SHADOW CROSSING BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: MERRILL, SAMUEL
Address: 100 SHADOW CROSSING BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: T (X) Delete
Name: RUE, C.J
Address: 100 SHADOW CROSSING BLVD
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ENG. (X) Change () Addition
Name: PERKINSON, RICHARD L ENG.
Address: 1275 W. GRANADA BLVD., STE. 5A
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAMUEL J. MERRILL, JR.

PM

07/01/2009

Electronic Signature of Signing Officer or Director

Date