


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N32824</b> 1. Entity Name HUNTER'S RIDGE HOMEOWNERS ASSOCIATION OF EAST FLORIDA, INC.					
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 - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country			
4. FEI Number 59-2957052				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <u>Kim C. Booker</u> Street Address (P.O. Box Number is Not Acceptable) <u>1019 Town Center Dr., Suite 201</u> City <u>Orange City</u> FL <u>32763</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRIS, JAYNE 100 SHADOW CROSSINGS BLVD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D Briggs, Jayne F. 100 Shadow Crossings Blvd. Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWANSKI, PAUL 100 SHADOW CROSSING BLVD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rue, C. J. 100 Shadow Crossings Blvd. Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRIFFIN, TONYA L 100 SHADOW CROSSINGS BLVD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perkinson, Richard 100 Shadow Crossings Blvd. Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOKER, KIM 100 SHADOW CROSSINGS BLVD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Merrill, Samuel 100 Shadow Crossings Blvd. Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOGNER, WILLIAM 100 SHADOW CROSSINGS BLVD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		000135970180 09/16/08--01022--002 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COFFIELD, GINGER 100 SHADOW CROSSING BLVD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jayne F. Briggs</u> Jayne F. Briggs 8/18/08 386-677-7275 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date Daytime Phone #					

FILED  
08 SEP -9 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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