

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90345 033 ****61.25

0088366

DOCUMENT # N36145

1. Entity Name

HUNTERS LAKE ASSOCIATION, INCORPORATED

Principal Place of Business

P.O. BOX 3325
 SPRINGHILL FL 34611-3325

Mailing Address

P.O. BOX 3325
 SPRING HILL FL 34606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2987099**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DERESPIRIS, DOUG~~
~~274 RUSK CIRCLE~~
~~SPRING HILL FL 34606~~

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	FREY, G. D.	
STREET ADDRESS	1110 TYLER ROAD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DERESPIRIS, DOUG	
STREET ADDRESS	274 RUSK CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHEDON, RON	
STREET ADDRESS	6533 CLEARWATER DR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DERESPIRIS, DOUG Robin	
STREET ADDRESS	274 RUSK CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARPER, MAUREEN	
STREET ADDRESS	1172 TYLER AVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEDON, Ron	
STREET ADDRESS	6533 Clearwater Dr.	
CITY-ST-ZIP	Spring Hill, FL	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERESPIRIS, Robin	
STREET ADDRESS	274 Rusk Circle	
CITY-ST-ZIP	Spring Hill, FL 34606	
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 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:

- President
Dooc Derespiris 3/31/02 (352) 688-5939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)