

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40740

1. Entity Name

HOMEOWNERS ASSOCIATION OF HUNTER'S LAKE INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90063 031 ****61.25

Principal Place of Business

Mailing Address

8410 U.S. 19., STE 105
PORT RICHEY FL 34668

8410 U.S. 19., STE 105
PORT RICHEY FL 34668

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

59-3392270

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

SWARTSEL, MARK E
8410 U.S. HWY. 19
SUITE 105
PORT RICHEY FL 34668

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 NAME STREET ADDRESS CITY-ST-ZIP	D SWARTSEL, MARK E 8410 U.S. 19., STE 105 PORT RICHEY FL 34668	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, WILLIAM R JR 8410 U.S. 19., STE 105 PORT RICHEY FL 34668	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, THOMAS A 8410 U.S. 19., STE 105 PORT RICHEY FL 34668	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAUMANN, DOUGLAS E 8410 U.S. 19., STE 105 PORT RICHEY FL 34668	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOTH, STEPHEN C. 7510 RIDGE RD. PORT RICHEY, FL 34668	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLY, NANCY J. 12007 HUNTERS LAKE DR. NEW PORT RICHEY, FL 34654	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESSA, VINCENT 12432 WASATCH CT. NEW PORT RICHEY, FL 34654	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (9/99)