

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90099 008 ****61.25

DOCUMENT # N40740

1. Entity Name

HOMEOWNERS ASSOCIATION OF HUNTER'S LAKE INC.



Principal Place of Business

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

Mailing Address

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

70041543



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3392270**

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

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. 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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/TREASURER** ☐ Delete
NAME **SWARTSEL, MARK E**
STREET ADDRESS **8410 U.S. 19., STE 105**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **DEGREGORIO, PAT**
STREET ADDRESS **P.O. BOX 670**
CITY-ST-ZIP **PORT RICHEY, FL. 34673**

TITLE **D** ☐ Delete
NAME **PETERSON, WILLIAM R JR**
STREET ADDRESS **8410 U.S. 19., STE 105**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☐ Change ☒ Addition
NAME **WEISS, REGAN**
STREET ADDRESS **P.O. BOX 670**
CITY-ST-ZIP **PORT RICHEY, FL. 34673**

TITLE **D** ☐ Delete
NAME **PETERSON, THOMAS A**
STREET ADDRESS **8410 U.S. 19., STE 105**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☐ Change ☒ Addition
NAME **WEISS, ROBERT**
STREET ADDRESS **P.O. BOX 670**
CITY-ST-ZIP **PORT RICHEY, FL. 34673**

TITLE **D** ☐ Delete
NAME **LESSA, VINCENT**
STREET ADDRESS **12432 WASATCH CT.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **D** ☐ Change ☒ Addition
NAME **SERVIDIO, DAVID**
STREET ADDRESS **12004 TASHA CT**
CITY-ST-ZIP **NEW PORT RICHEY, FL. 34654**

TITLE **D** ☒ Delete
NAME **BOOTH, STEPHEN C**
STREET ADDRESS **7510 RIDGE RD**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/SECRETARY** ☐ Delete
NAME **SHELLY, NANCY J**
STREET ADDRESS **12007 HUNTERS LAKE DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Change ☐ 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:

SIGNATURE **REVISOR**

4/9/03

721-848-1234

CR2E037 (10/02)