

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45134

FILED  
Apr 01, 2008  
Secretary of State

**Entity Name:** HUNTRIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

BOYLE MGT SERVICES  
498 PALM SPRINGS DR #235  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

BOYLE MGT SERVICES  
498 PALM SPRINGS DR #235  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**FEI Number:** 59-3107536      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOYLE, JAMES  
498 PALM SPRINGS DRIVE #235  
BOYLE MGT SERVICES INC  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: CURTIS, KRISTINE  
Address: 10509 GLASSBOROUGH DR  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: GONDER, SARAH  
Address: 10551 GLASSBOROUGH DR  
City-St-Zip: ORLANDO, FL 32828

Title: PD ( ) Delete  
Name: THOMPSON, CHRIS  
Address: 10688 HUNTRIDGE RD  
City-St-Zip: ORLANDO, FL 32825

Title: STD ( ) Delete  
Name: FESTA, FIONA  
Address: 10610 HUNTRIDGE RD  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HODNETT, HIEDI  
Address: 10402 GLASSBOROUGH DR  
City-St-Zip: ORLANDO, FL 32825

Title: DS (X) Change ( ) Addition  
Name: TABUTEAU, PATRICK  
Address: 10641 HUNTRIDGE RD  
City-St-Zip: ORLANDO, FL 32825

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

Title: TD (X) Change ( ) Addition  
Name: FESTA, FIONA  
Address: 10610 HUNTRIDGE RD  
City-St-Zip: ORLANDO, FL 32828

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: CHRIS THOMPSON

PRES

04/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date