2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N45134

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: D ( ) Delete
Name: HODNETT, HIEDI
Address: 10402 GLASSBOROUGH DR
City-St-Zip: ORLANDO, FL 32825

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: FIONA FESTA DT 04/07/2009

Electronic Signature of Signing Officer or Director — Date