

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90058 036 ****61.25

DOCUMENT # N47931

1. Entity Name

HUNTERS' CROSSING P/D OWNERS ASSOCIATION, INC.

P

Principal Place of Business

Mailing Address

2830 N.W. 41 ST.
 STE. F
 GAINESVILLE FL 32606
 US

P.O. BOX 147050
 SUITE 30
 GAINESVILLE FL 32614-7050
 US

00081909



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2830 NW 41 ST

Suite, Apt. #, etc.

Suite F

City & State

Gainessville FL

4. FEI Number

59-3178270

Applied For

Not Applicable

Zip

Country

Zip

Country

32606

USA

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

SMITH, BEVERLY K.
 2830 N.W. 41 ST.
 STE. F
 GAINESVILLE FL 32606

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: PD
 NAME: WALLACE, HOWARD K
 STREET ADDRESS: 4707 NW 53RD AVE, SUITE A
 CITY-ST-ZIP: GAINESVILLE FL 32606

TITLE: []
 NAME: []
 STREET ADDRESS: []
 CITY-ST-ZIP: []

TITLE: VPD
 NAME: MACLEOD, DEBBIE
 STREET ADDRESS: 4121-B NW 37TH PLACE
 CITY-ST-ZIP: GAINESVILLE FL 32606

TITLE: []
 NAME: []
 STREET ADDRESS: []
 CITY-ST-ZIP: []

TITLE: STD
 NAME: CUBBAGE, GILBERT G
 STREET ADDRESS: 10407 CENTURION PARKWAY N., STE. 108
 CITY-ST-ZIP: JACKSONVILLE FL

TITLE: []
 NAME: []
 STREET ADDRESS: 1400 Marsh Landing Parkway, Ste 109
 CITY-ST-ZIP: JACKSONVILLE Bch, FL 32250

TITLE: []
 NAME: []
 STREET ADDRESS: []
 CITY-ST-ZIP: []

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 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 REQUIRED

8/23/00

352 377-2240

Date

Daytime Phone #

CR2E037 (9/99)