

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90002 006 \*\*\*\*61.25

**DOCUMENT #** *N 94000000 568*

**1. Entity Name**  
 Hunter's Ridge Homeowners Association of  
 Titusville, Florida, Inc.

**Principal Place of Business**      **Mailing Address**

702 Garden Street      702 Garden ST.  
 Titusville, Florida 32796      Titusville, FL 32796

00071233

DO NOT WRITE IN THIS SPACE

|  |                           |  |                           |
|--|---------------------------|--|---------------------------|
| <b>2. Principal Place of Business</b><br>Titusville, Florida |                           | <b>3. Mailing Address</b><br>702 Garden Street       |                           |
| Suite, Apt. #, etc.  |                           | Suite, Apt. #, etc.                                  |                           |
| <b>City &amp; State</b><br>Titusville, Florida 32796         |                           | <b>City &amp; State</b><br>Titusville, Florida 32796 |                           |
| <b>Zip</b><br>32796  | <b>Country</b><br>Brevard | <b>Zip</b><br>32796                                  | <b>Country</b><br>Brevard |

**4. FEI Number** 59-2881923      **Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

|  |  |   |  |
|--|--|---|--|
| <b>6. Name and Address of Current Registered Agent</b>                 |  | <b>7. Name and Address of New Registered Agent</b>                                    |  |
| Garland Sowards<br>1523 S. Carpenter Road<br>Titusville, Florida 32796 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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** *Garland Sowards*      **DATE** *7-10-2000*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**GARLAND SOWARDS, VICE PRESIDENT, DIRECTOR**

**9. Election Campaign Financing** ☐ **\$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                      |   |
|---|---------------------------------|--|---|
| <b>TITLE</b> PD<br><b>NAME</b> Bruce Jones<br><b>STREET ADDRESS</b> 3900 Lost Tree Court<br><b>CITY-ST-ZIP</b> Titusville, FL 32780       | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b> VD<br><b>NAME</b> Garland Sowards<br><b>STREET ADDRESS</b> 1523 S. Carpenter Road<br><b>CITY-ST-ZIP</b> Titusville, FL 32796 | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b> STD<br><b>NAME</b> Vince Van Ness<br><b>STREET ADDRESS</b> 1504 S. Carpenter Road<br><b>CITY-ST-ZIP</b> Titusville, FL 32796 | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:** *Garland Sowards*      **GARLAND SOWARDS, VP, D**      (321) 267-4897      7-10-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)