

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000568

1. Entity Name

HUNTER'S RIDGE HOMEOWNERS ASSOCIATION OF TITUSVI

Principal Place of Business

702 GARDEN STREET  
TITUSVILLE FL 32796

Mailing Address

702 GARDEN STREET  
TITUSVILLE FL 32796

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2881923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOWARDS, GARLAND  
1523 S CARPENTER ROAD  
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME JONES, BRUCE  
STREET ADDRESS 3900 LOST TREE CT  
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

TITLE VD  
NAME SOWARDS, GARLAND  
STREET ADDRESS 1523 S CARPENTER RD  
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

TITLE STD  
NAME VAN NESS, VINCE  
STREET ADDRESS 1504 S CARPENTER RD  
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 08, 2001 8:00 am  
Secretary of State

03-08-2001 90095 015 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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