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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90213 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002440

1. Corporation Name

HUNTERS TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~5070 NE 9TH ST~~ **5150 N.E. 9th LANE**
 Ocala FL 34470
 US

839 N.E. 52ND AVE
 Ocala FL 34470
 US



2. Principal Place of Business

21 **5150 N.E. 9th LANE** *Ocala*

Suite, Apt. #, etc.

22

23 **Ocala, FLORIDA**

Zip Country

24 **34470** 25 **U.S.A.**

2a. Mailing Address

26 **839 N.E. 52nd AVE** *Ocala*

Suite, Apt. #, etc.

27

28 **Ocala, FLORIDA**

Zip Country

29 **34470** 30 **U.S.A.**

3. Date Incorporated or Qualified

05/16/1994

4. FEI Number

59-3258941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BERK, CHARLES E
2202 S.E. 17TH STREET
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **THOMAS, JEANNE**

STREET ADDRESS **5070 NE 9TH ST**

CITY-ST-ZIP **OCALA FL**

TITLE **SD** ☐ DELETE

NAME **MUSATOW, PAUL**

STREET ADDRESS **5055 NE 9TH ST**

CITY-ST-ZIP **OCALA FL**

TITLE **TD** ☐ DELETE

NAME **KEMMERER, PAUL A**

STREET ADDRESS **839 NE 52ND AVE**

CITY-ST-ZIP **OCALA FL**

TITLE **VPD** ☒ DELETE

NAME **TROUT, CHARLES**

STREET ADDRESS **5095 NE 9TH ST**

CITY-ST-ZIP **OCALA FL**

TITLE **VPD** ☐ DELETE

NAME **SHERWOOD, DOUGLAS**

STREET ADDRESS **1051 NE 52ND AVE**

CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **KOLODINSKY, GEORGE**

1.3 STREET ADDRESS **5150 N.E. 9th LANE**

1.4 CITY-ST-ZIP **OCALA, FL.**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **VPD** ☒ Change ☐ Addition

4.2 NAME **NUBILE, PAUL**

4.3 STREET ADDRESS **1056 N.E. 51st AVE**

4.4 CITY-ST-ZIP **OCALA, FL.**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS **1051 N.E. 52nd AVE**

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul A. Kemmerer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 (352) 236-0798
 Date Daytime Phone #

CR2E037 (11/98)