

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002440

1. Entity Name

HUNTERS TRACE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90076 036 \*\*\*\*61.25

Principal Place of Business

5150 N.E. 9TH LANE  
OCALA FL 34470  
US

Mailing Address

5150 N.E. 9TH LANE  
OCALA FL 34470-0904  
US

2. Principal Place of Business

5200 N.E. 9TH LANE

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

City & State

Zip

34470

Country

USA

Country

4. FEI Number

59-3258941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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	<input type="checkbox"/> Delete
NAME	KOLDINSKY, GEORGE	
STREET ADDRESS	5150 N.E. 9TH LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MUSATOW, PAUL	
STREET ADDRESS	5055 NE 9TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEMMERER, PAUL A	
STREET ADDRESS	839 NE 52ND AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NUBILE, PAUL	
STREET ADDRESS	1056 N.E. 51ST AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHERWOOD, DOUGLAS	
STREET ADDRESS	1051 N.E. 52ND AVE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBIN CORSIGLIA	
STREET ADDRESS	5200 N.E. 9TH LANE	
CITY-ST-ZIP	OCALA, FLORIDA 34470	
TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRS CHRISTINE RETTICH	
STREET ADDRESS	5021 N.E. 7TH PLACE	
CITY-ST-ZIP	OCALA, FLORIDA 34470	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRS PAT ANDERSON	
STREET ADDRESS	5010 N.E. 7TH PLACE	
CITY-ST-ZIP	OCALA, FLORIDA 34470	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL MUSATOW	
STREET ADDRESS	5055 N.E. 9TH STREET	
CITY-ST-ZIP	OCALA, FLORIDA 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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** Paul A Kemmerer 5/3/00 (352) 236-0798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)