

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90047 045 ****61.25

DOCUMENT # N94000002440

1. Entity Name

HUNTERS TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5010 N.E. 7PL
 Ocala FL 34470
 US

5010 N.E. 7PL
 Ocala FL 34470
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3258941

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

N/A

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 ☒ Delete
 NAME CORSIGLIA, ROBIN
 STREET ADDRESS 5200 N.E. 9 LANCE
 CITY-ST-ZIP Ocala FL 34470

TITLE PD ☐ Change ☒ Addition
 NAME JEAN BROWN
 STREET ADDRESS 5194 NE 9th St
 CITY-ST-ZIP Ocala, FL 34470

TITLE VPD ☒ Delete
 NAME MUSATOW, PAUL
 STREET ADDRESS 5055 NE 9TH ST
 CITY-ST-ZIP Ocala FL

TITLE VPD ☐ Change ☒ Addition
 NAME MUSATOW, SUSAN
 STREET ADDRESS 5055 NE 9th St
 CITY-ST-ZIP Ocala, FL 34470

TITLE TD ☐ Delete
 NAME ANDERSON, PAT
 STREET ADDRESS 5010 NE 7 PL
 CITY-ST-ZIP Ocala FL 34470

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

TITLE SD ☐ Delete
 NAME RETTICH, CHRISTINE
 STREET ADDRESS 5021 NE 7 PLACE
 CITY-ST-ZIP Ocala FL 34470

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME MEZNAR, RONALD
 STREET ADDRESS 819 NE 52 Avenue
 CITY-ST-ZIP Ocala, FL 34470

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

PAT ANDERSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 04/06/02 Daytime Phone # (352) 236-1299

CR2E037 (9/01)