

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90123 005 \*\*\*\*61.25

0059107

**DOCUMENT # N94000002440**

1. Entity Name

**HUNTERS TRACE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

% PAT ANDERSON  
5010 NE 7TH PLACE  
OCALA FL 34470  
US

Mailing Address

% PAT ANDERSON  
5010 NE 7TH PLACE  
OCALA FL 34470  
US

2. Principal Place of Business

% Doug Langlois  
Suite, Apt. #, etc.  
5019 NE 8 St  
City & State  
Ocala, FL  
Zip  
34470  
Country  
Marion

3. Mailing Address

% Doug Langlois  
Suite, Apt. #, etc.  
5019 NE 8 St  
City & State  
Ocala, FL  
Zip  
34470  
Country  
Marion



☐ CHECK HERE IF MAKING CHANGES

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

**TOMBERLIN, ROLLIN E**  
**2800 E. SILVER SPRINGS BLVD.**  
**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

I, 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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JEAN	
STREET ADDRESS	5194 NE 9 ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MUSTATOW, SUSAN	
STREET ADDRESS	5055 NE 9TH ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, PAT	
STREET ADDRESS	5010 NE 7 PL	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RETTICH, CHRISTINE	
STREET ADDRESS	5021 NE 7 PLACE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITZNAR, RONALD	
STREET ADDRESS	819 NE 52 AVENUE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Renner	
STREET ADDRESS	1026 NE 52 AVE.	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas Langlois	
STREET ADDRESS	5019 NE 8 St	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Adams	
STREET ADDRESS	5162 NE 8 St.	
CITY-ST-ZIP	Ocala, FL 34470	
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]*

**FEE REQUIRED**

04/02/03

CR2E037 (10/02)