

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90040 029 ****61.25

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02132006 Chg-NP CR2E037 (11/05)

DOCUMENT # N96000006429					
1. Entity Name HUNTER RIDGE SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 638 HUNTER RIDGE ROAD MONTICELLO, FL 32344 US			Mailing Address PO BOX 415 MONTICELLO, FL 32345 US		
2. Principal Place of Business 29 Hunter Ridge Rd. Suite, Apt. #, etc.		3. Mailing Address 29 Hunter Ridge Rd. Suite, Apt. #, etc.			
City & State Monticello, FL Zip 32344 Country US		City & State Monticello, FL Zip 32344 Country US		4. FEI Number 59-3449747	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required -				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WESTBROOK, DIANNE 638 HUNTER RIDGE RD. PO BOX 415 MONTICELLO, FL 32344			7. Name and Address of New Registered Agent Name: <u>Tori Pressley</u> Street Address (P.O. Box Number is Not Acceptable): <u>29 Hunter Ridge Rd</u> City: <u>Monticello</u> FL Zip Code: <u>32344</u>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Tori Pressley</u> DATE: <u>2-13-06</u> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME WESTBROOK, BUDDY STREET ADDRESS 638 HUNTER RIDGE ROAD CITY-ST-ZIP MONTICELLO, FL 32344	☒ Delete		TITLE PD NAME Kasey Pressley STREET ADDRESS 29 Hunter Ridge Rd CITY-ST-ZIP Monticello, FL 32344	☒ Change ☐ Addition	
TITLE ST NAME WESTBROOK, DIANNE STREET ADDRESS 638 HUNTER RIDGE RD. CITY-ST-ZIP MONTICELLO, FL 32344	☒ Delete		TITLE ST NAME Tori Pressley STREET ADDRESS 29 Hunter Ridge Rd. CITY-ST-ZIP Monticello, FL 32344	☒ Change ☐ Addition	
TITLE D NAME LEVINGS, REBECCA STREET ADDRESS P.O. BOX 2042 CITY-ST-ZIP TALLAHASSEE, FL 32316	☐ Delete		TITLE D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	☐ Change ☐ Addition	
TITLE VPD NAME HALL, MARK STREET ADDRESS 382 HUNTER RIDGE RD. CITY-ST-ZIP MONTICELLO, FL 32344	☒ Delete		TITLE VPD NAME Edward Hebert STREET ADDRESS 32 Hunter Ridge Rd. CITY-ST-ZIP Monticello, FL 32344	☒ Change ☐ Addition	
TITLE D NAME ANDERSEN, RAY STREET ADDRESS 701 HUNTER RIDGE RD. CITY-ST-ZIP MONTICELLO, FL 32344	☐ Delete		TITLE D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	☐ Change ☐ Addition	
TITLE D NAME PRINCIPATO, ELISE. STREET ADDRESS 555 HUNTER RIDGE ROAD CITY-ST-ZIP MONTICELLO, FL 32344	☐ Delete		TITLE D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Tori Pressley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>2-13-06</u> Daytime Phone #: <u>(800) 251-3191</u>		

Additions/ Changes to officers? directors in 10

ATTACHMENT

Title: D

Name: Barry, Kelly

☐ change

☒ Addition

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St. Address: PO Box 522 #U96666666429

City-ST-ZIP: Monticello, FL 32345