

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90006 041 ****61.25

DOCUMENT # N96000006429					
1. Entity Name HUNTER RIDGE SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 85 CREPE MYRTLE LANE MONTICELLO, FL 32344 US			Mailing Address 85 CREPE MYRTLE LANE MONTICELLO, FL 32344 US		
2. Principal Place of Business - No P.O. Box # 637 HUNTER RIDGE RD Suite, Apt. #, etc.		3. Mailing Address 637 HUNTER RIDGE RD Suite, Apt. #, etc.			
City & State MONTICELLO, FL Zip 32344 Country JEFFERSON		City & State MONTICELLO, FL Zip 32344 Country JEFFERSON		4. FEI Number 59-3449747 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02292008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent SAWYER, CAROLYN 85 CREPE MYRTLE LANE MONTICELLO, FL 32344			7. Name and Address of New Registered Agent Name JOANNE BARKER Street Address (P.O. Box Number is Not Acceptable) 637 HUNTER RIDGE RD City MONTICELLO FL Zip Code 32344		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Joanne Barker</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> (NOTE: Registered Agent signature required when reinstating) </div> <div style="width: 40%; text-align: right;"> DATE <i>3-28-08</i> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, RAY 701 HUNTER RIDGE ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESTBROOK, BUDDY PO BOX 415 MONTICELLO, FL 32345	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAWYER, CAROLYN 85 CREPE MYRTLE LANE MONTICELLO, FL 32344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARKER, JOANNE 637 HUNTER RIDGE RD MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINGS, REBECCA P.O. BOX 2042 TALLAHASSEE, FL 32316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRIGGERS, DAVID 184 HUNTER RIDGE RD. MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKSON, CATHERINE 36 CREPE MYRTLE LANE MONTICELLO, FL 32344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAYES, CHUCK 710 HUNTER RIDGE RD MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCIPATO, ELISE 555 HUNTER RIDGE ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Joanne Barker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>3/28/08</i> 850-997-1578 <small>Date Daytime Phone #</small>		