

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90059 025 \*\*\*\*61.25

**DOCUMENT # N97000006432**

1. Entity Name  
HUNTER'S GLEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
6601 BAYSHORE RD  
N FT MYERS, FL 33917

Mailing Address  
6601 BAYSHORE RD  
N FT MYERS, FL 33917



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
65-0823034

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

PRITCHETT, RICHARD H III  
6601 BAYSHORE RD  
N FT MYERS, FL 33917

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. 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

Filing Fee is \$61.25  
Due by May 1, 2004

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 ☐ Delete  
NAME PRITCHETT, RICHARD H III  
STREET ADDRESS 6601 BAYSHORE RD  
CITY-ST-ZIP N FT MYERS, FL 33917

TITLE VPD ☐ Delete  
NAME DANIEL, VIRGINIA  
STREET ADDRESS 5049 HEIGEL AVE  
CITY-ST-ZIP SARASOTA, FL 34242

TITLE DS ☐ Delete  
NAME PETERS, ANNE  
STREET ADDRESS 13460 RED MAPLE CIR  
CITY-ST-ZIP FORT MYERS, FL 33903

TITLE T ☐ Delete  
NAME NAYLOR, PAMELA P  
STREET ADDRESS 18208 SANDY PINA CIR  
CITY-ST-ZIP FORT MYERS, FL 33903

TITLE T ☐ Delete  
NAME PRITCHETT GREEN, ELIZABETH  
STREET ADDRESS P.O. BOX 176 N/A  
CITY-ST-ZIP SANTA FE, NM 87504

TITLE T ☐ Delete  
NAME PRITCHETT PLATT, WYTHE  
STREET ADDRESS 371 ORTEGA RIDGE RE  
CITY-ST-ZIP SANTA BARBARA, CA 93108

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME DANIEL, VIRGINIA  
STREET ADDRESS 5049 HEIGEL AVE  
CITY-ST-ZIP SARASOTA, FL 34242

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

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

TITLE ☒ Change ☐ Addition  
NAME GREEN, ELIZABETH  
STREET ADDRESS P.O. Box 176  
CITY-ST-ZIP Santa Fe, NM 87504

TITLE ☒ Change ☐ Addition  
NAME PLATT, WYTHE  
STREET ADDRESS 371 Ortega Ridge RE  
CITY-ST-ZIP Santa Barbara, CA 93108

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-04 239  
543-3434