

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N98000006429

1. Entity Name
**THE HUNTER'S RIDGE OF OSCEOLA HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**1830 WINCHESTER CT.
ST. CLOUD, FL 34471**

Mailing Address
**PO BOX 700393
ST. CLOUD, FL 34770-0393**



01222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3078541

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POLKEY, JOSEPH C
1830 WINCHESTER CT.
ST. CLOUD, FL 34471**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
POLKEY, JOSEPH C
1830 WINCHESTER CT.
ST. CLOUD, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGERS, DIANE
1828 WINCHESTER CT.
ST. CLOUD, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
LANIER D, RICE
1817 WINCHESTER CT.
ST. CLOUD, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
POLKEY, LAURA
1830 WINCHESTER CT.
ST. CLOUD, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
ROGERS, CALVIN
1828 WINCHESTER CT.
ST. CLOUD, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000846511
03/18/08-80032-007 61.25

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IN THIS SPACE**

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:

Joseph C. Polkey **Joseph C. Polkey (President)** 1-22-08 (407)891-1339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #