

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N98000006955

HUNTERS RIDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 1135 EAST AVENUE

CLERMONT FL 34711

Mailing Address

1135 EAST AVENUE CLERMONT FL 34711

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90005 020 ****61.50

* 3 372346 - 90034 - 45 *



| 2. Principal Place of Business | | | | | | | _ |
|--|----------------|--|---------------------------------------|----------------------------------|--|---------------------------|------------------|
| Suite, Apt. #, etc. Suite, Apt. #, etc. | 2. Principal F | rincipal Place of Business 2a. Mailing Address | | | 3. Date Incorporated or Qualifed | | |
| Stephan State St | 21 | | | | | | -∤ |
| City & State | | #, etc. | Suite, Apt. #, etc. | | | | _ |
| 23 | 22 | | | | 31-336 1861 | | Ή } |
| Zip Country Zip Country Zip Signature Si | O:17 G: O:22 | - <u>-</u> | | 5. Certificate of Status Desired | | | |
| 24 25 25 29 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 1135 EAST AVENUE CLERMONT FL 34711 84 City FL 85 Zip Code 17. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent | | - 0 | | | TROPIL No Compaign Financing | | ┦ ; |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOGAN, ROBERT X 1135 EAST AVENUE CLERMONT FL 34711 23 | ─ ` | — · · | <u> </u> | Junia y - | 1 | | |
| HOGAN, ROBERT X 1135 EAST AVENUE CLERMONT FL 34711 82 Street Address (P.O. Box Number is Not Acceptable) 11- Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent and accept the obligations of, Sections 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the original submits agent and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the original submits agent agen | 24 | | <u> </u> | | | | コ |
| 11.5 EAST AVENUE CLERMONT FL 34711 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agant. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or private name of registered egient and the if application. (NOTE: Registered Agent agreeture required when refertisting) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D GEY, W H STREET ADDRESS 1135 EAST AVENUE CLERMONT FL 34711 DELETE 1.1 TITLE Change Addition HOGAN, ROBERT K STREET ADDRESS 1135 EAST AVENUE CLERMONT FL 34711 Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition | | o. Hame and Access of Cultum. | registries rights | 81 Name | | | 7 |
| 11.5 EAST AVENUE CLERMONT FL 34711 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered egent and title if application. (NOTE: Registered Agent agreeture required when refertisting) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D GEY, W H STREET ADDRESS 1135 EAST AVENUE CLERMONT FL 34711 DELETE 1.1 TITLE D Change Addition HOGAN, ROBERT K STREET ADDRESS 1135 EAST AVENUE CLERMONT FL 34711 Change Addition Addition Change Addition | | | | | | | 4 |
| CLERMONT FL 34711 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered egent and the if applicable. (NOTE: Registered Agent signature required when rehindately) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D NAME GEY, W H STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 DELETE 21 TITLE DC Addition Addition Change Addition | | | | 82 Street Addre | iss (P.O. Box Number is Not Acceptable) | | 1 |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 817.0503, Florida Statutes. SIGNATURE Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent agents required when refraishing) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D OFFICERS AND DIRECTORS 11. TITLE I 2 NAME STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 DELETE 2.1 TITLE PD Addition Change Addition Change Addition Addition Addition Addition Addition Change Addition Addition Addition Addition Addition Addition ALCITY-ST-ZIP CLERMONT FL 34711 ACCITY-ST-ZIP CLERMONT FL 34711 ACCITY-ST-ZIP CLERMONT FL 34711 ACCITY-ST-ZIP CLERMONT FL 34711 ACCITY-ST-ZIP CLERMONT FL 34711 | | | | 83 | | | ٦ . |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 817.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent agreeure required when retratisting) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition NAME GEY, W H 12.NAME 12.NAME 12.NAME 13. STREET ADDRESS CITY-ST-ZP CLERMONT FL 34711 DELETE 2.1 TITLE PD Change Addition NAME HOGAN, ROBERT K 13. STREET ADDRESS CITY-ST-ZP CLERMONT FL 34711 DELETE 2.3 STREET ADDRESS CITY-ST-ZP CLERMONT FL 34711 2.4 CITY-ST-ZP CLERMONT FL 34711 2.4 CITY-ST-ZP CLERMONT FL 34711 DELETE Addition Addition Addition | CLERIMON | NT FL 34711 | ÷ | | | | 4 |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if explication. (NOTE: Registered Agent signature required when referrishing) DATE | E | | - | 84 City | FI | 85 Zip Coda | ı |
| office or registered agant, or both, in the State of Florida. Such change was authorized by the corporation is board or directors. I have by accept the appointment as registered agent and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed neitre of registered agent and title if applicable. | 44 5 | to the avaidable of Sections 517 0502 | and 617 1508 Floride Statutes, the | above-named corpo | - Non | d changing its engistered | 7 |
| SIGNATURE Signature, typed or private name of registered agent and title if explication. (NOTE: Registered Agent algorithms required when referribing) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE | office of | registered agant, or both, in the State of | Florida. Such change was authorize | ed by the corporation | n's board of directors. I hereby accept the appo | intment as registered | ł |
| Biguature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent applicable when newtraping) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition NAME GEY, W H 12 NAME STREET ADDRESS 1135 EAST AVENUE 1.3 STREET ADDRESS CITY-ST-ZP CLERMONT FL 34711 1.4 CITY-ST-ZP TITLE PD Change Addition NAME HOGAN, ROBERT K 22 NAME STREET ADDRESS 1135 EAST AVENUE 2.3 STREET ADDRESS CITY-ST-ZP CLERMONT FL 34711 2.4 CITY-ST-ZP CITY-ST-ZP CLERMONT FL 34711 2.4 CITY-ST-ZP CITY-ST-ZP CLERMONT FL 34711 2.4 CITY-ST-ZP | agent. I a | am familiar with, and accept the obligation | ons of, Section 817.0503, Florida Sta | swies. | | | l i |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D NAME GEY, W H 12 NAME 13 STREET ADDRESS CITY-ST-ZP CLERMONT FL 34711 DELETE 14 CITY-ST-ZP 17TTLE PD Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Addition Change Addition | SIGNATURE | The state and as wheel age of parettered agent a | and the Kennicohie | ed Agent signature required | when reinstating) DATE | | 8 |
| TITLE NAME GEY, W H STREET ADDRESS 1135 EAST AVENUE 13 STREET ADDRESS CITY-ST-ZP TITLE PD Change Addition NAME HOGAN, ROBERT K STREET ADDRESS 1135 EAST AVENUE 22 NAME STREET ADDRESS CITY-ST-ZP CLERMONT FL 34711 24 CITY-ST-ZP | 12. | | | | | ND DIRECTORS IN 12 |] ≗ |
| NAME GEY, W H 12 NAME STREET ADDRESS 1135 EAST AVENUE 13 STREET ADDRESS CITY-ST-ZP CLERMONT FL 34711 14 CITY-ST-ZP TITLE PD Change Addition NAME HOGAN, ROBERT K 22 NAME STREET ADDRESS 1135 EAST AVENUE 23 STREET ADDRESS CITY-ST-ZP CLERMONT FL 34711 2 ACTY-ST-ZP | | | | TITLE | | ☐ Change ☐ Addition | CRZE037. (11/98) |
| STREET ADDRESS CITY-ST-ZP CLERMONT FL 34711 TITLE PD Change CHAddition Addition Addition CHANGE CITY-ST-ZP CLERMONT FL 34711 CHANGE CHANG | | 1- | 121 | NAME | | | 37. |
| CITY-ST-ZP CLERMONT FL 34711 | 1 | 1 · - · | 1.35 | STREET ADDRESS | , | | |
| TITLE PD DELETE 2.1 TITLE Change Addition NAME HOGAN, ROBERT K STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | ì | | 1.40 | CTTY-ST-ZIP | | | 7 8 |
| NAME HOGAN, ROBERT K 22 NAME STREET ADDRESS 1135 EAST AVENUE 23 STREET ADDRESS CITY-ST-ZP CLERMONT FL 34711 2.4 CITY-ST-ZP | | | DELETE 2.11 | TITLE | | Change Addition | ᆔᄋ |
| STREET ADDRESS 1135 EAST AVENUE 23 STREET ADDRESS 24 CITY-ST-ZP CLERMONT FL 34711 24 CITY-ST-ZP | NALIF | 1'7 | 221 | NAME | | | 1 |
| CITY-ST-ZP CLERMONT FL 34711 2.4CITY-ST-ZP | l | | . 233 | STREET ADDRESS | | | ì |
| Chercia Addition | | | 2.4 | CITY-ST-ZIP | | | ┙. |
| | | | DELETE 3.11 | TITLE | | ☐ Change ☐ Addition | n |
| NAME GEY, BEVERLY 12 NAME | NAME | l = | 328 | NAME | | | 1 1 |
| STREET ADDRESS 1135 EAST AVENUE 33 STREET ADDRESS | · | | | STREET ACCRESS - | | | ~ |
| CITY-ST-ZP CLERMONT FL 34711 | 1 | | 3.4. | CITY-ST-ZIP | | | |
| TITLE DELETE 4.1 TITLE Change Addition | | | DELETE 4.11 | mue | | Change Additio | n |
| NAME 4.2 NAME | ļ | 1 | 4.2 | NAME | | | Į |
| STREET ADDRESS | STREET ADDRESS | 1 | 4.33 | STREET ADDRESS | | | ļ |
| CITY-ST-ZIP 44 CITY-ST-ZIP | | | 440 | CITY-ST-ZIP | | | 4 |
| TITLE DELETE S1 TITLE Change Addition | | | | l l | | Change Addition | ۸ |
| NAME 52 NAME | NAME | | 5.21 | NAME | | | j |
| STREET ADDRESS | STREET ADDRESS | | 5.33 | STREET ADDRESS | | | 1: |
| CITY-ST-ZIP | | 1 | 5.40 | CITY-ST-ZIP | | | ۱ ا |
| TITLE Change Addition | | | DELETE 6.1 | TITLE | | Change Additio | nj |
| NAME 6.2 NAME | NAME | 1 | 6.21 | NAME | , | | 1 |
| STREET ADDRESS 63 STREET ADDRESS | STREET ADDRESS | = | 633 | STREET ADDRESS | | |) |
| CITY-ST-ZP BA CITY-ST-ZP | | · • | BAG | CITY-ST-ZIP | | |] |

4. 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 informatio indicated on this annual report or supplemental annual report is true and accurate and that my eligibature 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

KOZIGHIK U YO BEQUIRED

3/18/99

352 3948682