

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761908

Entity Name: HUNTERS CROSSING HOMEOWNERS ASSOCIATION OF LEON COUNTY, FLORIDA, INC.**FILED**
May 24, 2021
Secretary of State
4143135259CC**Current Principal Place of Business:**327 OFFICE PLAZA DR.
SUITE 211
TALLAHASSEE, FL 32301**Current Mailing Address:**P.O. BOX 12412
TALLAHASSEE, FL 32317 US**FEI Number: 59-2156808****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROWAND, TOM JR.
327 OFFICE PLAZA DR.
SUITE 211
TALLAHASSEE, FL 32301 US*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.***SIGNATURE: TOM ROWAND****05/24/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name FREEMAN, NINA
Address P.O. BOX 12412
City-State-Zip: TALLAHASSEE FL 32317**Title** VP
Name BENTON, RICK
Address P.O. BOX 12412
City-State-Zip: TALLAHASSEE FL 32317**Title** SECRETARY
Name LOU, MARY
Address P.O. BOX 12412
City-State-Zip: TALLAHASSEE FL 32317**Title** TREASURER
Name SKENE, NEIL
Address P.O. BOX 12412
City-State-Zip: TALLAHASSEE FL 32317**Title** MANAGEMENT
Name ROWAND, TOM JR.
Address P.O. BOX 12412
City-State-Zip: TALLAHASSEE FL 32317

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM ROWAND JR.**MANAGEMENT****05/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date