

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761908

Entity Name: HUNTERS CROSSING HOMEOWNERS ASSOCIATION OF LEON COUNTY, FLORIDA, INC.**FILED**
Apr 30, 2025
Secretary of State
0072069698CC**Current Principal Place of Business:**3311 REMINGTON RUN
TALLAHASSEE, FL 32312**Current Mailing Address:**P.O. BOX 13089
TALLAHASSEE, FL 32317 US**FEI Number: 59-2156808****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SKENE, G. NEIL JR.
3311 REMINGTON RUN
TALLAHASSEE, FL 32312 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: G. NEIL SKENE JR.****04/30/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	BOWERSOX, ANNIE
Address	P.O. BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

Title	TREASURER
Name	SKENE, NEIL NEIL
Address	3311 REMINGTON RUN
City-State-Zip:	TALLAHASSEE FL 32312

Title	VP, DIRECTOR
Name	POWERS, MATTHEW JAY
Address	P.O. BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	HOPKINS, CLIFFORD
Address	P.O. BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	BAKER, DENNIS
Address	P.O. BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	SCHOENFISCH, SANDRA
Address	P.O. BOX 13089
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: G. NEIL SKENE JR.**RESIDENT AGENT****04/30/2025**

Electronic Signature of Signing Officer/Director Detail

Date