

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761908

**Entity Name:** HUNTERS CROSSING HOMEOWNERS ASSOCIATION OF LEON COUNTY, FLORIDA, INC.**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC8162437687****Current Principal Place of Business:**1700 N. MONROE STREET  
SUITE 11-169  
TALLAHASSEE, FL 32303**Current Mailing Address:**P.O. BOX 180116  
TALLAHASSEE, FL 32318-0116 US**FEI Number: 59-2156808****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THOMPSON, CLAYTON L.  
1700 N. MONROE STREET  
SUITE 11-169  
TALLAHASSEE, FL 32303 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title            PRESIDENT  
Name           SKENE, MADELYN  
Address        3311 REMINGTON RUN  
City-State-Zip: TALLAHASSEE FL 32312Title            VP  
Name           MIKEWORTH, VAUGHN  
Address        366 REMINGTON RUN WAY  
City-State-Zip: TALLAHASSEE FL 32312Title            OFFICER  
Name           STYLES, GEOFFREY  
Address        333 RUGER COURT  
City-State-Zip: TALLAHASSEE FL 32312Title            OFFICER  
Name           MCCHRISTIAN, LYNNE C.  
Address        370 ROB ROY TRAIL  
City-State-Zip: TALLAHASSEE FL 32312Title            SECRETARY  
Name           CATES, RUTH B.  
Address        338 REMINGTON RUN LOOP  
City-State-Zip: TALLAHASSEE FL 32312Title            TREASURER  
Name           SCOTT, CAROL 381  
Address        381 ROB ROY TRAIL  
City-State-Zip: TALLAHASSEE FL 32312Title            OFFICER  
Name           GIRARD, ROSALIE  
Address        339 RUGER COURT  
City-State-Zip: TALLAHASSEE FL 32312

*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: RUTH B. CATES****SECRETARY****04/12/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date