

2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006052

Entity Name: THE HUNT CLUB AT FOX POINT OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**4220 SW 58TH AVENUE
OCALA, FL 34474**Current Mailing Address:**P. O. BOX 772592
OCALA, FL 34477-2592 US**FEI Number: 04-3785272****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LENDER, MICHAEL
4220 SW 58TH AVENUE
OCALA, FL 34474 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: MICHAEL LENDER****05/01/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, PRESIDENT
Name MCCOOL, MICHAEL M.
Address 5920 SW 43RD STREET ROAD
City-State-Zip: Ocala FL 34474

Title D, VP
Name LAWROSKI, GREGORY
Address 5745 SW 43RD STREET ROAD
City-State-Zip: Ocala FL 34474

Title D
Name JOSEPH, PAUL G
Address 5800 SW 43RD PLACE
City-State-Zip: Ocala FL 34474

Title D, TREASURER
Name LENDER, MICHAEL
Address 4220 SW 58TH AVENUE
City-State-Zip: Ocala FL 34474

Title D, ASST. TREASURER
Name MINER, KEVIN
Address 4420 SW 58TH COURT
City-State-Zip: Ocala FL 34474

Title D
Name O'ROURKE, EDWARD
Address 4415 SW 58TH COURT
City-State-Zip: Ocala FL 34474

Title DIRECTOR, ASST. SECRETARY
Name PERMENTER, ROSEMARIE
Address 5895 SW 43RD STREET ROAD
City-State-Zip: Ocala FL 34474

Title DIRECTOR
Name SAJU, AZIM
Address 5745 SW 42ND PLACE
City-State-Zip: Ocala FL 34474

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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: PAUL JOSEPH**DIRECTOR****05/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	D, SECRETARY
Name	WATSON, NICOLE
Address	5765 SW 43RD STREET ROAD
City-State-Zip:	Ocala FL 34474