

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001659

Entity Name: HUNTERS WALK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**240 CANAL BLVD
SUITE 2
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH, SUITE 3
SAINT AUGUSTINE, FL 32080 US**FEI Number:** 20-4400909**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SUITE 3
SAINT AUGUSTINE, FL 32080 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	WADE, MICHAEL
Address	C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH, SUITE 3
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	VP
Name	SHEPPARD, PATRICIA L
Address	C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH, SUITE 3
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	SECRETARY, TREASURER
Name	DIXON, CHRIS
Address	C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH, SUITE 3
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	DIRECTOR
Name	LONGANECKER, HERB
Address	C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH, SUITE 3
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	DIRECTOR
Name	MCDONALD, CINDY
Address	C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH, SUITE 3
City-State-Zip:	SAINT AUGUSTINE FL 32080

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: MICHAEL WADE

PRESIDENT

04/12/2023

Electronic Signature of Signing Officer/Director Detail_____
Date