2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2020
Secretary of State
7698513969CC

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	Title	VP
Name	WADE, MICHAEL	Name	SHEPPARD, PATRICIA L
Address	C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH, SUITE 3	Address	C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH, SUITE 3
City-State-Zip:	SAINT AUGUSTINE FL 32080	City-State-Zip:	SAINT AUGUSTINE FL 32080
Title	SECRETARY, TREASURER	Title	DIRECTOR
Name	DIXON, CHRIS	Name	LONGANECKER, HERB
Address	C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH, SUITE 3	Address	C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH, SUITE 3
City-State-Zip:	SAINT AUGUSTINE FL 32080	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: HERB LONGANECKER DIRECTOR 03/17/2020

Electronic Signature of Signing Officer/Director Detail — Date