

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30011

FILED
Mar 26, 2019
Secretary of State
1385734632CC**Entity Name:** HUNTER'S GREEN PARCEL 3 NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**18550 NORTH DALE MABRY HIGHWAY
LUTZ, FL 33548**Current Mailing Address:**C/O WISE PROPERTY MANAGEMENT, INC.
18550 NORTH DALE MABRY HIGHWAY
LUTZ, FL 33548 US**FEI Number:** 59-2942296**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLAUSIER, CHARLES EVANS ESQ
400 N. ASHLEY DRIVE, SUITE 2020
TAMPA, FL 33602 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	VP
Name	PRIEST, ZACHARY
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	TREASURER
Name	JOHNSON, JAMES K
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	DIRECTOR
Name	COLEMAN, SHARON
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	PRESIDENT
Name	RICCARDI, JOHN
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

Title	SECRETARY
Name	MORRIS, RODNEY
Address	18550 NORTH DALE MABRY HIGHWAY
City-State-Zip:	LUTZ FL 33548

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: JOHN RICCARDI**PRESIDENT****03/26/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date