

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 18, 2006  
Secretary of State**

DOCUMENT# N05000002836

Entity Name: HARTWOOD RESERVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. SR. 434. SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. SR. 434. SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

FEI Number: 20-3493757      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 W. SR 434, SUITE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: HUTSON, ROBERT  
Address: 4037 AVALON PARK EAST BLVD  
City-St-Zip: ORLANDO, FL 32828

Title: VPSD ( ) Delete  
Name: SCHMITT, DAVE PE  
Address: 4037 AVALON PARK EAST BLVD  
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete  
Name: UTTERBACK, RON  
Address: 4037 AVALON PARK EAST BLVD  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT HUTSON

PD

04/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date