

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002836

FILED
Mar 25, 2009
Secretary of State

Entity Name: HARTWOOD RESERVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST 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: PD () Delete
Name: BUCK, LIM R
Address: 3392 TUMBLING RIVER DR
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: RIDDICK, CHESTER
Address: 4497 POWDERHORN PLACE DR
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: ARMSTRONG, KELLY
Address: 4471 HARTS COVE WAY
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: GONZALEZ, EDWIN
Address: 3679 PEACEFUL VALLEY DR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: GOLEM, ELIZABETH
Address: 3388 TUMBLING RIVER DR
City-St-Zip: CLERMONT, FL 34711

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:

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 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: LIM BUCK

PD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date