

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
400 North West
Street, Tallahassee, Florida
32301-2400

APPROVED
AND
FILED

DATE: 05/16/94
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **N27973 (9)**

HUNTER'S RESERVE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office Address 2180 PARK AVENUE NORTH SUITE 326 WINTER PARK FL 32789		2a. Mailing Address 2180 PARK AVENUE NORTH SUITE 326 WINTER PARK FL 32789		3. Date of Incorporation or Qualification 08/19/1988	3a. Date of Last Report 05/01/1994
2. Filing Officer's Name 21		2a. Mailing Address 26		4. FID Number 59-2936545	Applied For <input type="checkbox"/> Not Applicable
22. State Agent's Name 27		27. State Agent's Address 28		5. Certificate of Status Current <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State 28		28. City & State 29		6. Exempt from Franchise Fees and Transfer Fees <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. State 25		29. State 30		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
9. Name and Address of Current Registered Agent				8. This corporation has liability for delinquency under 5-158(1)(a) Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MALCOM, THOMAS D 2180 PARK AVENUE NORTH SUITE 326 WINTER PARK FL 32789				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. State	FL
				85. Zip Code	

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.1304, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this State. It hereby certifies that such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of a registered agent in Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. APPLICABLE OFFICERS AND DIRECTORS	
NAME	PD BELL, RON 113 RESERVE CIRCLE #204 OVIDO FL	12. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV LALONDE, DIANA 120 RESERVE CIRCLE #100 OVIDO FL	13. NAME	PD LALONDE, DIANA 120 Reserve Circle #100 OVIDO, FL
NAME	DST WHITE, JODI 109 RESERVE CIRCLE #201 OVIDO FL	13. TITLE	DV BELL, BARBARA 113 Reserve Cir. OVIDO, FL
NAME	D BELL, BARBARA 113 RESERVE CIRCLE #212 OVIDO FL	13. NAME	DT WHITE, JODI 109 Reserve Cir. # 201 OVIDO, FL
NAME	D FORLANO, FRED 112 RESERVE CIRCLE #212 OVIDO FL	13. TITLE	DS MINANA, Kim 172 Reserve Cir. # 204 OVIDO, FL

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and that I am qualified to be the registered agent for the corporation stated in law book 607.01(1)(b), Florida Statutes. I further certify that the information supplied for the annual report or supplemental annual report is true and accurate and that my corporation shall have the same report filed and made public. I understand that the filing of this report is required by Florida Statutes, and that my failure to file this report will result in the corporation being considered delinquent under Florida Statutes, and that my failure to file this report will result in the corporation being considered delinquent under Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/19/94