

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N27973 (9)**

1. Corporation Name

**HUNTER'S RESERVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

2180 PARK AVENUE NORTH  
SUITE 326  
WINTER PARK FL 32789

2180 PARK AVENUE NORTH  
SUITE 326  
WINTER PARK FL 32789

3. Date Incorporated or Qualified  
**08/19/1988**

3a. Date of Last Report  
**05/01/1995**

21 2. Principal Place of Business  
**2180 WEST SR 434**

26 2a. Mailing Address  
**2180 WEST SR 434**

4. FEI Number  
**59-2936545**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**5000**

27 Suite, Apt. #, etc.  
**5000**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State  
**LONGWOOD FL**

28 City & State  
**LONGWOOD FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip  
**32779**

25 Country  
**USA**

29 Zip  
**32779**

30 Country  
**USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALCOM, THOMAS D**  
2180 PARK AVENUE NORTH  
SUITE 326  
WINTER PARK FL 32789

81 Name  
**JAMES W. HART, JR.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**SENTRY MANAGEMENT INC**  
83  
**2180 WEST SR 434 SUITE 5000**  
84 City  
**LONGWOOD FL** 85 Zip Code  
**32779**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title, if applicable. *Agent*

*2/26/96*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LALONDE, DIANA	
STREET ADDRESS	120 RESERVE CIRCLE #100	
CITY-ST-ZIP	OVIEDO FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BELL, BARBARA	
STREET ADDRESS	113 RESERVE CIR	
CITY-ST-ZIP	OVIEDO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WHITE, JODI	
STREET ADDRESS	109 RESERVE CIRCLE #201	
CITY-ST-ZIP	OVIEDO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MINANA, KIM	
STREET ADDRESS	172 RESERVE CIR., #204	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORLANO, FRED	
STREET ADDRESS	112 RESERVE CIRCLE #212	
CITY-ST-ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JODI WHITE	
13 STREET ADDRESS	109 RESERVE CIRCLE #213	
14 CITY-ST-ZIP	OVIEDO, FL 32765	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	GAIL MOWRY	
33 STREET ADDRESS	113 RESERVE CIRCLE #209	
34 CITY-ST-ZIP	OVIEDO, FL 32765	
41 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	KIM MANANA	
43 STREET ADDRESS	172 RESERVE CIRCLE #204	
44 CITY-ST-ZIP	OVIEDO, FL 32765	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ROBERT LALICH	
53 STREET ADDRESS	109 RESERVE CIRCLE #201	
54 CITY-ST-ZIP	OVIEDO, FL 32765	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/26/96*  
Date

*407 366 2234*  
Telephone #

CR2E037 (12/95)