

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90083 002 ****61.25

008422

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N27973

1. Corporation Name
HUNTER'S RESERVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 WEST SR 434 5000 LONGWOOD FL 32779 US	2180 WEST SR 434 5000 LONGWOOD FL 32779 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/19/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2936545	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, JAMES W JR. SENTRY MANAGEMENT INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WHITE, JODI			1.2 NAME	James, Christine		
STREET ADDRESS	109 RESERVE CIRCLE #213			1.3 STREET ADDRESS	172-208 Reserve Circle		
CITY-ST-ZIP	OVIDO FL			1.4 CITY-ST-ZIP	Oviedo, FL		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MOWRY, GAIL			2.2 NAME	Griffith, Donald		
STREET ADDRESS	113 RESERVE CIRCLE #209			2.3 STREET ADDRESS	109-217 Reserve Circle		
CITY-ST-ZIP	OVIDO FL			2.4 CITY-ST-ZIP	Oviedo, FL		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARRELL, DOROTHY			3.2 NAME			
STREET ADDRESS	172 RESERVE CIR., #112			3.3 STREET ADDRESS			
CITY-ST-ZIP	OVIDO FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MOWRY, CHRIS			4.2 NAME	Lalich, Robert		
STREET ADDRESS	113 RESERVE CIR, #209			4.3 STREET ADDRESS	109-201 Reserve Circle		
CITY-ST-ZIP	OVIDO FL 32765			4.4 CITY-ST-ZIP	Oviedo, FL		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Persichini, Joanne		
STREET ADDRESS				5.3 STREET ADDRESS	121-109 Reserve Circle		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Oviedo, FL		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *James* 4/1/99 583-5268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)