

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27973

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

Mar 21 2001
FILED
 01 APR 11 PM 4:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

2. Principal Place of Business 3. Mailing Address
 5695 Beggs Road 5695 Beggs Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite B-100 Suite B-100
 City & State City & State
 Orlando, FL 32810 Orlando, FL 32810

Zip Country Zip Country
 32810 USA 32810 USA

DO NOT WRITE IN THIS SPACE
 03-22-2001 90017 029-6125
 4. FEI Number Applied For
 59-2936545 Not Applicable

6. Name and Address of Current Registered Agent
 HART, JAMES W JR.
 SENTRY MANAGEMENT INC.
 2180 WEST SR 434, SUITE 5000
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent
 Name Harkley R. Thornton, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
 5695 Beggs Road, Suite B-100
 City Orlando
 State FL Zip Code 32810

8. 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 *Harkley R. Thornton* DATE 3/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRELL, DOROTHY 172 RESERVE CIR., #112 OVIEDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LALICH, ROBERT 109-201 RESERVE CIRCLE OVIEDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERSICHINI, JOANNE 121-109 RESERVE CIRCLE OVIEDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Florin, Amy 121 Reserve Circle #205 Oviedo, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mendenez, Luis 121 Reserve Circle #213 Oviedo, FL 32765 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walter, Michelle 168 Reserve Circle #104 Oviedo, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A. SIGNATURE REQUIRED* Date: 3/23/01

CR2E037 (10/00)

STATEMENT 01