

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90252 007 \*\*\*\*61.25

**DOCUMENT # N27973**

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



Principal Place of Business  
**ATTWOOD PHILLIPS INC**  
**1350 ORANGE AVE, #100**  
**WINTER PARK, FL 32789 US**

Mailing Address  
**ATTWOOD PHILLIPS INC**  
**1350 ORANGE AVE, #100**  
**WINTER PARK, FL 32789 US**

4005000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2936545**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PHILLIPS, ROGER V**  
**1350 ORANGE AVE. #100**  
**WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **VD**  Delete  
 NAME: **REGANTE, JILL**  
 STREET ADDRESS: **117 RESERVE CIRCLE #201**  
 CITY-ST-ZIP: **OVIEDO, FL 32765**

TITLE: **SD**  Delete  
 NAME: **LALONDE, DIANA**  
 STREET ADDRESS: **120 RESERVE CIR #100**  
 CITY-ST-ZIP: **OVIEDO, FL 32765**

TITLE: **PTD**  
 NAME: **BERRY, HELEN J**  
 STREET ADDRESS: **4901 SW 173RD WAY**  
 CITY-ST-ZIP: **FORT LAUDERDALE, FL 33331**

TITLE: **D**  Delete  
 NAME: **LALONDE, EDWARD D**  
 STREET ADDRESS: **4324 LEAFWAY CIR**  
 CITY-ST-ZIP: **LEESBURG, FL 34748**

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **V/S/D**  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: **D**  Change  Addition  
 NAME: **SHELLING, KAREN**  
 STREET ADDRESS: **124 RESERVE CIR #208**  
 CITY-ST-ZIP: **OVIEDO FL 32765**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: HELEN JEANNE BERRY **HELEN JEANNE BERRY** Mar 10, 2006 954-434-6867  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #