

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27973

FILED  
Mar 02, 2009  
Secretary of State

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

**Current Principal Place of Business:**

C/O ATTWOOD PHILLIPS INC  
385 DOUGLAS AVE, STE 3000  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

C/O CONDOMINIUM CONCEPTS MNGT.  
150 W. PALM VALLEY DR.  
OVIEDO, FL 32765 US

**Current Mailing Address:**

C/O ATTWOOD PHILLIPS INC  
385 DOUGLAS AVE, STE 3000  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

C/O CONDOMINIUM CONCEPTS MNGT.  
150 W. PALM VALLEY DR.  
OVIEDO, FL 32765 US

FEI Number: 59-2936545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEAN & MALCHOW, P.A.  
646 E. COLONIAL DR  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: REGANTE, JILL  
Address: 117 RESERVE CIR #201  
City-St-Zip: OVIEDO, FL 32765

Title: DS ( ) Delete  
Name: SCHELLING, KAREN  
Address: 124 RESERVE CIR #208  
City-St-Zip: OVIEDO, FL 32765

Title: DPT (X) Delete  
Name: BERRY, HELEN J  
Address: 4901 SW 173RD WAY  
City-St-Zip: FORT LAUDERDALE, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DPT (X) Change ( ) Addition  
Name: BERRY, HELEN J  
Address: 4901 SW 173RD WAY  
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALYN RIOS

MNGR

03/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date