

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90106 016 \*\*\*\*61.25

**DOCUMENT # N27973**  
1. Entity Name  
**HUNTER'S RESERVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
~~5695 BEGGS ROAD~~ ~~5695 BEGGS ROAD~~  
~~STE. B-100~~ ~~STE. B-100~~  
~~ORLANDO FL 32810~~ ~~ORLANDO FL 32810~~  
~~US~~ ~~US~~

2. Principal Place of Business 3. Mailing Address  
**ATTWOOD PHILLIPS INC ATTWOOD PHILLIPS INC**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1350 ORANGE AVE, #100 1350 ORANGE AVE, #100**

City & State City & State  
**WINTER PARK, FL WINTER PARK, FL**

Zip Country Zip Country  
**32789 USA 32789 USA**



CHECK HERE IF MAKING CHANGES

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  
**SUTHERLAND, THERESA**  
~~5695 BEGGS ROAD, SUITE B-100~~  
~~ORLANDO FL 32810~~

7. Name and Address of New Registered Agent  
Name **ROGER V. PHILLIPS**  
Street Address (P.O. Box Number is Not Acceptable)  
**C/O ATTWOOD PHILLIPS, INC**  
**1350 ORANGE AVE, #100**  
City **WINTER PARK, FL** Zip Code **32789**

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]* **ROGER V. PHILLIPS** **2/12/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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	<del>JD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>FLORIN, AMY</del>	
STREET ADDRESS	<del>121 RESERVE CIRCLE #205</del>	
CITY-ST-ZIP	<del>OVIDO FL 32765</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MENDENEZ, LUIS	
STREET ADDRESS	121 RESERVE CIRCLE #213	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEMME, RICHARD	
STREET ADDRESS	172 RESERVED CIRCLE #212	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERRY, HELEN J	
STREET ADDRESS	4901 SW 173RD WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, EVA L	
STREET ADDRESS	120 RESERVE CIRCLE #216	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JILL REGANTE	
STREET ADDRESS	117 RESERVE CIRCLE, #201	
CITY-ST-ZIP	OVIDO, FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **as Agent** **2/12/03 (407) 644-4500**

CR2E037 (10/02)