

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N28045 (5)**

1. Corporation Name  
**HUNTER'S RESERVE MASTER ASSOCIATION, INC.**



Principal Place of Business: 2180 N. PARK AVE., SUITE 326 WINTER PARK FL 32789-2398  
Mailing Address: 2180 N. PARK AVE., SUITE 326 WINTER PARK FL 32789-2398

3. Date Incorporated or Qualified: **08/24/1988**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 2180 WEST SR 434  
Suite, Apt. #, etc.: 22 5000  
City & State: 23 LONGWOOD FL  
Zip: 24 32779 Country: 25 USA

2a. Mailing Address: 26 2180 WEST SR 434  
Suite, Apt. #, etc.: 27 5000  
City & State: 28 LONGWOOD FL  
Zip: 29 32779 Country: 30 USA

4. FEI Number: **59-3112830**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MALCOM, THOMAS D.**  
2180 PARK AVE., N.  
WINTER PARK FL 32789-2398

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

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: *[Signature]* Agent DATE: **2/26/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GIGUERE, BOB	
STREET ADDRESS	125 RESERVE CIR, #204	
CITY-ST-ZIP	OVIEDO FL	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	LALICH, ROBERT	
STREET ADDRESS	109 RESERVE CIR, #201	
CITY-ST-ZIP	OVIEDO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	NOWAKOWSKI, FRANK	
STREET ADDRESS	120 RESERVE CIR., #108	
CITY-ST-ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT LALICH	
1.3 STREET ADDRESS	109 RESERVE CIR., #201	
1.4 CITY-ST-ZIP	OVIEDO, FL 32765	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOB GIGUERE	
2.3 STREET ADDRESS	128 RESERVE CIR., #204	
2.4 CITY-ST-ZIP	OVIEDO, FL 32765	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JULIE AYOTTE	
3.3 STREET ADDRESS	129 RESERVE CIR., #201	
3.4 CITY-ST-ZIP	OVIEDO, FL 32765	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DOUG SEWARD	
4.3 STREET ADDRESS	3809 HERITAGE OAKS CT.	
4.4 CITY-ST-ZIP	OVIEDO, FL 32765	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JODI WHITE	
5.3 STREET ADDRESS	109 RESERVE CIR., #213	
5.4 CITY-ST-ZIP	OVIEDO, FL 32765	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* DATE: **2/11/96** DAYTIME PHONE: **407 366 2234**

CR2E037 (12/95)