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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N28045

1. Corporation Name

HUNTER'S RESERVE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434
 5000
 LONGWOOD FL 32779
 US

2180 SR 434
 5000
 LONGWOOD FL 32779
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/24/1988

22 City & State

27 City & State

4. FEI Number
59-3112830

Applied For
 Not Applicable

24 Zip Country
 25

29 Zip Country
 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **DP LALICH, ROBERT**
 STREET ADDRESS **109 RESERVE CIR., #201**
 CITY-ST-ZIP **OVIEDO FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VD MARCHICA, LOUIS**
 STREET ADDRESS **410 PATRICK AVE.**
 CITY-ST-ZIP **MERRITT ISLAND FL**

2.1 TITLE Change Addition
 2.2 NAME **TD Geibert, Rich**
 2.3 STREET ADDRESS **164-112 Reserve Circle**
 2.4 CITY-ST-ZIP **Oviedo, FL 32765**

TITLE DELETE
 NAME **DS AYOTTE, JULIE**
 STREET ADDRESS **129 RESERVE CIR., #201**
 CITY-ST-ZIP **OVIEDO FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D JOHN EVANS**
 STREET ADDRESS **3849 HERITAGE OAKS CT**
 CITY-ST-ZIP **OVIEDO FL 32765**

4.1 TITLE Change Addition
 4.2 NAME **VD**
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D WHITE, JODI**
 STREET ADDRESS **109 RESERVE CIR., #213**
 CITY-ST-ZIP **OVIEDO FL**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (R.J. LALICH)

03/01/99 407-366-2234

CR2E037 (11/98)