

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28045

1. Entity Name

HUNTER'S RESERVE MASTER ASSOCIATION, INC.

Principal Place of Business

2180 WEST SR 434
5000
LONGWOOD FL 32779
US

Mailing Address

2180 SR 434
5000
LONGWOOD FL 32779
US

2. Principal Place of Business

5695 Beggs Road

Suite, Apt. #, etc.
Suite B-100

City & State
Orlando, FL

Zip
32810

Country
USA

3. Mailing Address

5695 Beggs Road

Suite, Apt. #, etc.
Suite B-100

City & State
Orlando, FL

Zip
32810

Country
USA

DO NOT WRITE IN THIS SPACE
03/22/01 9007028-625

4. FEI Number
59-3112830

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Harkley R. Thornton, Esq.
Street Address (P.O. Box Number is Not Acceptable)
5695 Beggs Road
City
Orlando FL Zip Code
32810

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.

SIGNATURE Harkley R. Thornton 3/16/01
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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAUCH, ROBERT 109 RESERVE CIR., #201 OVIEDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AYOTTE, JULIE 129 RESERVE CIR., #201 OVIEDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN EVANS 3849 HERITAGE OAKS CT OVIEDO FL 32765	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEIBERT, RICH 164-112 RESERVE CIRCLE OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Alderman, Rich 129 Reserve Circle #205 Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Marchica, Louie 410 Patrick Avenue Merritt Island, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Geibert, Rich 164 Reserve Circle #112 Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Davis, Stacey 164 Reserve Circle #212 Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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175.00 \$1.25

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] Date _____ Daytona Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
01 APR 12 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (10/00)

REINSTATEMENT