


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

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90141 038 ****61.25

DOCUMENT # N28045

1. Entity Name
HUNTER'S RESERVE MASTER ASSOCIATION, INC.



Principal Place of Business Mailing Address

~~5605 BEGG ROAD~~ ~~5605 BEGG ROAD~~
~~SUITE B-100~~ ~~SUITE 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

6. Name and Address of Current Registered Agent

~~SUTHERLAND MGMT.~~
~~5695 BEGGS RD~~
~~SUITE B-100~~
~~ORLANDO, FL~~
~~32810-US~~

7. Name and Address of New Registered Agent

Name **ROGER V. PHILLIPS**

Address (P.O. Box Number is Not Acceptable)
C/O ATTWOOD PHILLIPS INC.
1350 ORANGE AVE., SUITE 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** DATE: **2/12/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	MAIN, FRANK	
STREET ADDRESS	3817 HERITAGE OAKS COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BERRY, HELEN J	
STREET ADDRESS	4901 SW 173RD WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEMME, RICHARD	
STREET ADDRESS	172 RESERVE CIRCLE #212	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FLORIN, AMY	
STREET ADDRESS	121 RESERVE CIRCLE #205	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALDERMAN, RICH	
STREET ADDRESS	120 RESERVE CIRCLE #205	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JILL REGANTE	
STREET ADDRESS	117 RESERVE CIRCLE #201	
CITY-ST-ZIP	OVIEDO, FL 32765	
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) 644-1070**

CR2E037 (10/02)