
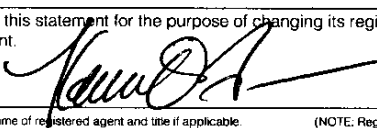
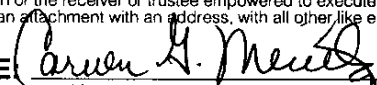


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90009 030 ****61.25

DOCUMENT # N01000004040 1. Entity Name HUNTERS POINTE AT HUNTERS RESERVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business COMMUNITY MGMT. SPECIALISTS, INC 1750 W BROADWAY ST #118 OVIEDO, FL 32765			Mailing Address COMMUNITY MGMT. SPECIALISTS, INC 1750 W BROADWAY ST #118 OVIEDO, FL 32765		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3733832	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, KEVIN M 1750 W BROADWAY ST #118 OVIEDO, FL 32765			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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  DATE 5/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDEZ, CARMEN		NAME	RECIO, JOSE	
STREET ADDRESS	14902 FAVERSHAM CIR		STREET ADDRESS	145 Reserve Circle #105	
CITY-ST-ZIP	ORLANDO, FL 32826		CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, NEAL		NAME	MENDEZ, ANTONIO	
STREET ADDRESS	80 BONNIE LACH COURT		STREET ADDRESS	14902 FAVERSHAM CIR	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOREZ, HUMBERTO		NAME		
STREET ADDRESS	5013 NW 112TH WAY		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 			Date 5/10/06 Daytime Phone # 4073597202		

John M. Rossi