

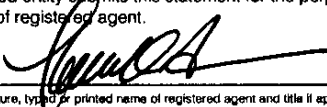
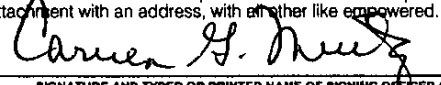


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90059 040 ****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 - No P.O. Box # 1750 W. Broadway St. Suite, Apt. #, etc. Suite #220 City & State Oviedo, FL Zip 32765 Country USA		3. Mailing Address PO BOX 620368 Suite, Apt. #, etc. City & State Oviedo, FL Zip 32762 Country USA		40051185 	
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				01112008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DAVIS, KEVIN M 1750 W BROADWAY ST #118 OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name: Kevin Davis Street Address (P.O. Box Number is Not Acceptable): 1750 W. Broadway St. Suite #220 City: Oviedo FL Zip Code: 32762		
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: 7/1/08 <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, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	TD MENDEZ, CARMEN 14902 FAVERSHAM CIR ORLANDO, FL 32826	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOSE, RECIO 145 RESERVE CIRCLE #105 OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MENDEZ, ANTONIO 14902 FAVERSTAM CIRCLE ORLANDO, FL 32926	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.					
SIGNATURE: 		3/8/08 407-312-3720		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CARMEN G. MENDEZ					