

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004040

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** HUNTERS POINTE AT HUNTERS RESERVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

COMMUNITY MGMT. SPECIALISTS, INC  
1750 W BROADWAY ST #118  
OVIEDO, FL 32765

**New Principal Place of Business:**

1750 W. BROADWAY STREET  
SUITE 220  
OVIEDO, FL 32765

**Current Mailing Address:**

COMMUNITY MGMT. SPECIALISTS, INC  
P.O. BOX 620368  
OVIEDO, FL 32762

**New Mailing Address:**

PO BOX 620368  
OVIEDO, FL 32762

FEI Number: 59-3733832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, KEVIN M  
1750 W BROADWAY ST #118  
SUITE 220  
OVIEDO, FL 32762 US

**Name and Address of New Registered Agent:**

DAVIS, KEVIN M  
1750 W BROADWAY STREET  
SUITE 220  
OVIEDO, FL 32762 US

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: KEVIN M. DAVIS

01/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: MENDEZ, CARMEN  
Address: 14902 FAVERSHAM CIR  
City-St-Zip: ORLANDO, FL 32826

Title: VD ( ) Delete  
Name: JOSE, RECIO  
Address: 145 RESERVE CIRCLE #105  
City-St-Zip: OVIEDO, FL 32765

Title: PD ( ) Delete  
Name: MENDEZ, ANTONIO  
Address: 14902 FAVERSTAM CIRCLE  
City-St-Zip: ORLANDO, FL 32926

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MENDEZ, CARMEN  
Address: 14902 FAVERSHAM CIR  
City-St-Zip: ORLANDO, FL 32826

Title: ST (X) Change ( ) Addition  
Name: JOSE, RECIO  
Address: 145 RESERVE CIRCLE #213  
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Change ( ) Addition  
Name: MENDEZ, ANTONIO  
Address: 14902 FAVERSTAM CIRCLE  
City-St-Zip: ORLANDO, FL 32926

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN MENDEZ

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date