## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N28045

FEI Number: 59-3112830

FILED Apr 23, 2007 Secretary of State

Certificate of Status Desired ( )

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

**Current Principal Place of Business: New Principal Place of Business:** 

1350 ORANGE AVE STE 100 C/O ATTWOOD-PHILLIPS INC WINTER PARK, FL 32789 1350 ORANGE AVE STE 100

WINTER PARK, FL 327894932 US

**Current Mailing Address:** New Mailing Address:

FEI Number Applied For ( )

1350 ORANGE AVE STE 100 C/O ATTWOOD-PHILLIPS INC WINTER PARK, FL 32789 US 1350 ORANGE AVE STE 100 WINTER PARK, FL 327894932 US

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

PHILLIPS, ROGER V GASPERONI & FLETCHER PA C/O ATTWOOD PHILLIPS. INC 931 WEKIVA SPRINGS RD

1350 ORANGE AVE, SUITE 100 LONGWOOD, FL 32779 WINTER PARK, FL 32789 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.

FEI Number Not Applicable ( )

SIGNATURE: EMIL GASPERONI 04/23/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PTD () Delete (X) Change ( ) Addition

MAIN, FRANK Name: MAIN FRANK Name: 3817 HERITAGE OAKS COURT Address: 3817 HERITAGE OAKS CT Address:

City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: DV () Delete Title: () Change () Addition

BERRY, HELEN J Name: Name: Address: 4901 SW 173RD WAY Address: City-St-Zip: FT LAUDERDALE, FL 33331 City-St-Zip:

Title: () Delete Title: () Change () Addition

LUDAESCHER, KAROL Name: Name: 164 RESERVE CIR #112 Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip:

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

Name: REGANTE, JILL Name: REGANTE, JILL Address: 117 RESERVE CIR., #201 Address: 117 RESERVE CIR #201 City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK MAIN DP 04/23/2007