

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28045

FILED
Mar 02, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

C/O CONDOMINIUM CONCEPTS MNGT.
150 W. PALM VALLEY DR.
OVIEDO, FL 32765 US

Current Mailing Address:

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

New Mailing Address:

C/O CONDOMINIUM CONCEPTS MNGT.
150 W. PALM VALLEY DR.
OVIEDO, FL 32765 US

FEI Number: 59-3112830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASPERONI & FLETCHER
156 S. CHARLES RICHARD BEALL BLVD
SUITE 2
DEBARY, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MAIN, FRANK
Address: 3817 HERITAGE OAKS CT
City-St-Zip: OVIEDO, FL 32765

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

Title: D () Delete
Name: LUDAESCHER, KAROL
Address: 164 RESERVE CIR #112
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: REGANTE, JILL
Address: 117 RESERVE CIR #201
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FISHMAN, JACKIE-SUE
Address: 125 RESERVE CIR # 113
City-St-Zip: OVIEDO, FL 32765

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: NATALYN RIOS

MNGR

03/02/2009

Electronic Signature of Signing Officer or Director

Date