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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38259** (0)
1. Corporation Name
HUNTER'S RESERVE II CONDOMINIUM ASSOCIATION, INC

Principal Place of Business 2180 WEST SR 434 5000 LONGWOOD FL 32779 US	Mailing Address 2180 WEST SR 434 5000 LONGWOOD FL 32779 US
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3. Date Incorporated or Qualified 05/22/1990	Applied For ☐ Not Applicable
4. FEI Number 59-3089376	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHELA, ANTHONY 133 RESERVE CIR., #213 OVIEDO FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, BRYAN 2221 LEE ROAD, SUITE 17 WINTER PARK FL	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AYOTTE, JULIE 29 RESERVE CIRCLE #201 OVIEDO FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEIBERT, ROBERT 1164 RESERVE CIRCLE #112 OVIEDO FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARCHICA, LOUIS 410 PATRICK AVE MERRITT ISLAND FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Richard Alderman 129 Reserve 205 Oviedo, FL 32765	☐ Change ☒ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D	☒ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

JULIETTE AYOTTE

SIGNATURE:

Juliette M. Ayotte

2/17/98

CR2E037 (10/97)