2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90111 009 ****61.25

0013249

DOCUMENT # N38259

1. Entity Name

HUNTER'S RESERVE II CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
5695 BEGGS ROAD SUITE B-100 ORLANDO FL 32810 US	5695 BEGGS ROAD SUITE B-100 ORLANDO FL 32810 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3089376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THORNTON, HARKLEY R ESQ 5695 BEGGS ROAD SUITE B-100 ORLANDO FL 32810	Name: THERESA SUTHERLAND Street Address (P.O. Box Number is Not Acceptable): 5695 BEGGS ROAD SUITE B-100 City: ORLANDO FL Zip Code: 32810

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.

SIGNATURE Theresa Sutherland THERESA SUTHERLAND 4-23-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAIN, FRANK 3817 HERITAGE OAKS COURT OVIEDO FL 32765	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDTD ALDERMAN, RICH 129 RESERVE CIRCLE, # 205 OVIEDO, FL 32765	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PERSCHINNI, JOANNE 121 RESERVE CIRCLE #109 OVIEDO FL 32765	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARCHIA, LOUIE 410 PATRICK AVENUE MERRITT ISLAND, FL 32953	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FLORIN, AMY 121 RESERVE CIRCLE #205 OVIEDO FL 32765	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MENDEZ, CARMEN G. 14902 FAVERSHAM COURT ORLANDO, FL 32826	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERA, VIVAN L. 1450 HAMPSTEAD TERRACE OVIEDO, FL 32765	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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 all other like empowered.

SIGNATURE: RICH ALDERMAN RICH ALDERMAN 4/23/02 407-296-0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #