## **2003 NOT-FOR-PROFIT CORPORATION**

## **FILED** Mar 10, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N38259** 1. Entity Name 03-10-2003 90110 001 \*\*\*\*61.25 HUNTER'S RESERVE II CONDOMINIUM ASSOCIATION, INC Principal Place of Business Mailing Address 5695 BEGGS ROAD -5695-BEGGS ROAD SUITE B 100 SUITE B-100 ORLANDO FL 32810 ORLANDO FL 32818 us-2. Principal Place of Business 3. Mailing Address ATTWOOD PHILLIPS, FNC ATTWOOD PHILLIPS INC Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 1350 ORANGE AVE. 330 O LANGE AVE., # 100 4. FEI Number 59-3089376 Applied For WINTER PARK, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUTHERLAND. THERESA -3695 BEGGS-ROAD SUITE B-100-ORLANDO FL-32810-The above named entity submits this statement for the purpo e of hapging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent PHILLIPS SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be П Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. <del>PDTD-</del> ☐ Delete TITLE CR2E037 (10/02) ALDERMAN, RICH-JULIE AGOTTE NAME STREET ADDRESS 121 RESERVE CIRCLE #205 STREET ADDRESS 129 RESERVE CIRCLE #201 CITY-ST-ZIP OVIEDO FL 32763 CITY-ST-7IP OVIEDO FL 32765 TITE F ☐ Delete TITLE Change ☐ Addition MARCHIA, LOUIE NAME NAME STREET ADDRESS STREET ADDRESS 410 PATRICK AVE CITY-ST-ZIP **MERRITT ISLAND FL 32953** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MENDEZ, CARMEN G NAME NAME STREET ADDRESS 14902 FAVERSHAM COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32826 CITY-ST-ZIP TITLE ☐ Delete TITLE TD Change ☐ Addition NAME RIVERA, VIVAN L NAME STREET ADDRESS 1450 HAMPSTEAD TERR STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE

STREET ADDRESS

CITY-ST-7IP