


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90080 007 \*\*\*\*61.25

<b>DOCUMENT # N95000005360</b> 1. Entity Name <b>THE RESERVE AT HUNTER'S GLEN HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3383 W. VINE ST SUITE 307 KISSIMMEE, FL 34741</b>			Mailing Address <b>C/O FLORIDA ASSOCIATION MANAGEMENT, INC. P.O. BOX 421430 KISSIMMEE, FL 34742</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>3361 W. Vine St.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b># 208</b>			
City & State 		City & State <b>Kissimmee FL</b>			
Zip 	Country 	Zip <b>34741</b>	Country <b>U.S.</b>	4. FEI Number <b>59-3358029</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLORIDA ASSOCIATION MANAGEMENT, INC. 3361 W. VINE STREET, SUITE 208 KISSIMMEE, FL 34741</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Dollie Boyd</i></u> <b>ICAM</b> <u><i>Dollie Boyd</i></u> <b>1/19/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANNAN, GEORGE</b> <b>12691 ENCLAVE DR</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HOLROYD, COLLEEN</b> <b>12751 ENCLAVE DRIVE</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DAVIS, FLOYD</b> <b>12661 ENCLAVE DR</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MAGLIA, ANTHONY J</b> <b>12613 ENCLAVE DRIVE</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>FARNSWORTH, THOMAS</b> <b>12613 ENCLAVE DR</b> <b>ORLANDO, FL 32837</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><i>Anthony J. Maglia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1-19-07</b> <b>407-810-1673</b> <small>Date Daytime Phone #</small>			

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