

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90021 031 ****61.25

DOCUMENT # N95000005360					
1. Entity Name THE RESERVE AT HUNTER'S GLEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3383 W. VINE ST SUITE 307 KISSIMMEE, FL 34741			Mailing Address 3361 W. VINE ST. # 208 KISSIMMEE, FL 34742		
2. Principal Place of Business - No P.O. Box # 102 PARK PLACE BLVD Suite, Apt. #, etc. D-2			3. Mailing Address 102 PARK PLACE BLVD Suite, Apt. #, etc. D-2		
City & State KISSIMMEE, FLORIDA Zip 34741 Country USA		City & State KISSIMMEE, FLORIDA Zip 34741 Country USA		4. FEI Number 59-3358029	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FLORIDA ASSOCIATION MANAGEMENT, INC. 3361 W. VINE STREET, SUITE 208 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name FLORIDA ASSOCIATION MANAGEMENT, INC Street Address (P.O. Box Number is Not Acceptable) 102 PARK PLACE BLVD Suite D-2 City KISSIMMEE FL Zip Code 34741		
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>Delia Boyd, agent</i></u> DATE <u><i>2/20/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNAN, GEORGE		NAME		
STREET ADDRESS	12691 ENCLAVE DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLROYD, COLLEEN		NAME		
STREET ADDRESS	12751 ENCLAVE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, FLOYD		NAME		
STREET ADDRESS	12661 ENCLAVE DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGLIA, ANTHONY J		NAME		
STREET ADDRESS	12613 ENCLAVE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPSCOMB, DELIA		NAME		
STREET ADDRESS	12714 ENCLAVE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <u><i>Anthony J. Maglia</i></u>			Date <u><i>2-17-08</i></u> Daytime Phone # <u><i>407-810-1673</i></u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					