

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005360

FILED
Jan 19, 2009
Secretary of State

Entity Name: THE RESERVE AT HUNTER'S GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

102 PARK PLACE BLVD
D-2
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

102 PARK PLACE BLVD
D-2
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3358029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION MANAGEMENT, INC.
102 PARK PLACE BLVD
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

FLORIDA ASSOCIATION MANAGEMENT, INC.
102 PARK PLACE BLVD
D-2
KISSIMMEE, FL 34741 US

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: DOLLIE BOYD

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANNAN, GEORGE
Address: 12691 ENCLAVE DR
City-St-Zip: ORLANDO, FL 32837

Title: SD () Delete
Name: HOLROYD, COLLEEN
Address: 12751 ENCLAVE DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: VD () Delete
Name: DAVIS, FLOYD
Address: 12661 ENCLAVE DR
City-St-Zip: ORLANDO, FL 32837

Title: PD () Delete
Name: MAGLIA, ANTHONY J
Address: 12613 ENCLAVE DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: TD () Delete
Name: LIPSCOMB, DELIA
Address: 12714 ENCLAVE DRIVE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY MAGLIA

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date