

**2002 UNIFORM BUSINESS REPORT (UBR)**

3/1

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-12-2002 91001 029 \*\*\*\*61.25

**DOCUMENT # N00000006178**

1. Entity Name

**REAGAN'S RESERVE HOA, INC.**

Principal Place of Business

Mailing Address

71 E. CHURCH ST.  
 ORLANDO FL 32801

71 E. CHURCH ST.  
 ORLANDO FL 32801

2. Principal Place of Business

165 WSR 434  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 915322  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Springs FL  
 Zip 32708  
 Country Seminole

City & State

Longwood FL  
 Zip 32791-5322  
 Country Seminole

4. FEI Number

59-3676240

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KWIATKOWSKI, HARRY S  
 71 E. CHURCH ST.  
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

National Association Management Company  
 165 W SR 434  
 Winter Springs, FL 32708

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

*[Signature]*

MARC A. Blum

2/26/2002

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	PSTD KWIATKOWSKI, HARRY S 71 E CHURCH ST SUITE 200 ORLANDO FL 32801-3409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPENCE, KIMBERLY K 783 CROWS BLUFF LN SANFORD FL 32773	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KWIATKOWSKI, JUDITH 306 NEBRASKA AVE LONGWOOD FL 32750	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, DANA A 237 S. WESTMONTE DR, STE 111 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WILLS, ERIC K 237 S. WESTMONTE DR, STE 111 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JERI ANN HEATH 237 S. WESTMONTE DR, STE 111 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input checked="" 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

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02

Date

4078491670

Daytime Phone #