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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004848 (5)

1. Corporation Name

THE RESERVE AT GOLDEN ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8930 DECUBELLIS ROAD  
NEW PORT RICHEY FL 34654

8930 DECUBELLIS ROAD  
NEW PORT RICHEY FL 34654-5503

3. Date Incorporated or Qualified

09/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 10440 Key Lantern DR  
Suite, Apt. #, etc.

26 P.O. Box 2003  
Suite, Apt. #, etc.

4. FEI Number

59-3427305

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

Zip

Country

28

City & State

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

34656

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, DAVID  
8930 DECUBELLIS ROAD  
NEW PORT RICHEY FL 34654

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WILLIAMS, DAVID  
STREET ADDRESS 8930 DECUBELLIS ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL 34654  DELETE

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME MITCHELL, D D  
STREET ADDRESS 8930 DECUBELLIS ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL 34654  DELETE

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  
NAME LITTLES, PETER  
STREET ADDRESS 8930 DECUBELLIS ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL 34654  DELETE

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David W. Williams* REQUIRED DAVID W. WILLIAMS 1/27/97 813-841-0753

CR2E037 (9/96)