

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-22-2002 90335 002 ****61.25

DOCUMENT #, N96000004848
 1. Entity Name
**THE RESERVE AT GOLDEN ACRES HOMEOWNERS ASSOCIATI
 ON, INC.**

Principal Place of Business Mailing Address
10440 KEY LANTERN DR P O BOX 2003
NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34656
US US

2. Principal Place of Business 3. Mailing Address
COMMUNITY MANAGEMENT COMMUNITY MANAGEMENT
 Suite, Apt. **SERVICES, INC.** Suite, Apt. #, e**SERVICES, INC.**
8056 OLD C.R. 54 8056 OLD C.R. 54
 City & State **NEW PORT RICHEY, FL 34653** City & State **NEW PORT RICHEY, FL 34653**
 Zip Country Zip Country



4. FEI Number **59-3427305** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, DAVID
10440 KEY LANTERN DR
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent
COMMUNITY MANAGEMENT
SERVICES, INC.
8056 OLD C.R. 54
NEW PORT RICHEY, FL 34653

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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$81.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, DAVID 8930 DECUBELLIS ROAD NEW PORT RICHEY FL 34654	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, DAWN 10440 KEY LANTERN DR NEW PORT RICHEY FL 34654	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LITTLES, PETER 8930 DECUBELLIS ROAD NEW PORT RICHEY FL 34654	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres D Larry Gasparino 10304 Worthy Lamb Way New Port Richey, FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Mark Middleton 11619 Eastern Star Ct. New Port Richey, FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec D Jeff Churchill 10352 Miracle Ln. New Port Richey, FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres D Anthony Culver 10021 Livingword Ct. New Port Richey, FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Bob Schroeder 11803 Lakeview Drive New Port Richey, FL 34654	<input type="checkbox"/> Change <input checked="" 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 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: DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)