
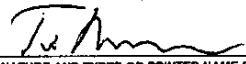


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90016 036 ****61.25

| | | | | | |
|--|---------------------------|--|--|--|--|
| DOCUMENT # N96000004848 | | | |  | |
| 1. Entity Name THE RESERVE AT GOLDEN ACRES HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 6710 EMBASSY BLVD 204 PORT RICHEY, FL 34668 US | | | Mailing Address PO BOX 1407 PORT RICHEY, FL 34673 US | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 04282008 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent | | | | 4. FEI Number | |
| MYSZKOWIAK, MARYANN 6710 EMBASSY BLVD SUITE 204 PORT RICHEY, FL 34668 | | | | 59-3427305 | |
| | | | | Applied For Not Applicable | |
| 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. | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| SIGNATURE _____ | | | | 7. Name and Address of New Registered Agent | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| | | | | | Make check payable to Florida Department of State |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PENNACCHINI, ANNE | | NAME | Bill Schaefer | |
| STREET ADDRESS | 11611 LAKEVIEW DR | | STREET ADDRESS | 11803 Lakeview Dr | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34654 | | CITY-ST-ZIP | NPR FL 34654 | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CULVER, TONY | | NAME | | |
| STREET ADDRESS | 10021 LIVINGWORD CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34654 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUGES, JOHN | | NAME | Peter Caravelle | |
| STREET ADDRESS | 10407 CREATION CT | | STREET ADDRESS | 10131 Creation Ct | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34654 | | CITY-ST-ZIP | NPR FL 34654 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ZAMBRATTO, MARY | | NAME | Hugh Albright | |
| STREET ADDRESS | 11549 LAKEVIEW DR | | STREET ADDRESS | 10104 WORTHY LAMB WAY | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34654 | | CITY-ST-ZIP | NPR FL 34654 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRAMER, TIM | | NAME | | |
| STREET ADDRESS | 10431 CREATION CT. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34654 | | 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:  | | | | 4-28-08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |