

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90108 002 ****61.25

10101671

DOCUMENT # N96000004848



1. Entity Name

**THE RESERVE AT GOLDEN ACRES HOMEOWNERS ASSOCIATI
ON, INC.**

Principal Place of Business

**COMMUNITY MGMT. SERVICES INC.
8056 OLD C. R. 54
NEW PORT RICHEY FL 34653
US**

Mailing Address

**COMMUNITY MGMT. SERVICES INC.
8056 OLD C. R. 54
NEW PORT RICHEY FL 34653
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3427305**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMMUNITY MGMT SERVICES, INC.
8056 OLD CR 54
NEW PORT RICHEY FL 34653**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **GASPARINO, LARRY**
STREET ADDRESS **10304 WORTHY LAMB WAY**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** Delete
NAME **MIDDLETON, MARK**
STREET ADDRESS **11619 EASTERN STAR CT.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **CHURCHILL, JEFF**
STREET ADDRESS **10352 MIRACLE LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **CULVER, ANTHONY**
STREET ADDRESS **10021 LIVINGWORD CT.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **VPD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **SCHROEDER, BOB Bill**
STREET ADDRESS **11803 LAKEVIEW DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **TD** Change Addition
NAME **Carl Hansen**
STREET ADDRESS **10518 Miracle Lane**
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Change Addition
NAME **Anna Pennachini**
STREET ADDRESS **11611 Lakeview Drive**
CITY-ST-ZIP **New Port Richey, FL 34654**

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 Required*

3-31-03

CR2E037 (10/02)