

2002 UNIFORM BUSINESS REPORT (UBR)

5/6

FILED
Sep 03, 2002 8:00 am
Secretary of State

05-06-2002 90243 044 ****61.25

DOCUMENT # N97000004944

1. Entity Name

THE RESERVE AT OCOEE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

**2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779-5044**

**2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779-5044**

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

59-3460176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSAN, JEAN
 7600 SOUTHLAND BLVD.
 ORLANDO FL 32809**

**JAMES W HART JR
 SENTRY MANAGEMENT INC
 2180 WEST SR 434 STE 5000
 LONGWOOD FL 32779**

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, 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	VD	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, LAUREN B	
STREET ADDRESS	880 SR 434 N SUITE 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROSSMAN, NANCY A	
STREET ADDRESS	6355 METROWEST BLVD SUITE 330	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FEINSTEIN, JEROME D	
STREET ADDRESS	860 STATE RD 434 NORTH, SUITE 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	GOLD, SCOTT H	
STREET ADDRESS	880 SR 434 N SUITE 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSAN, JEAN	
STREET ADDRESS	C/O BETTER HOMES, 7600 SOUTHERN BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIZZI, LINDA JOY	
STREET ADDRESS	C/O BETTER HOMES, 7600 SOUTHERN BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERRE MARSON	
STREET ADDRESS	C/O BETTER HOMES 7600 SOUTHERN BLVD	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)