

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004944

FILED
Apr 20, 2006
Secretary of State

Entity Name: THE RESERVE AT OCOEE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3460176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: ALEXANDER, MICHAEL
Address: 1217 MONTHEATH CIR
City-St-Zip: OCOEE, FL 34761

Title: PD () Delete
Name: MCCARTHY, STEVE
Address: 1811 LOCHSHYRE LP
City-St-Zip: OCOEE, FL 34761

Title: STD () Delete
Name: SMITH, TONEY
Address: 1837 LOCHSPYRE LP
City-St-Zip: OCOEE, FL 34761

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ALEXANDER, MICHAEL
Address: 1217 MONTHEATH CIR
City-St-Zip: OCOEE, FL 34761

Title: PD (X) Change () Addition
Name: KEARNS, R
Address: 1203 MONTHEATH CIR
City-St-Zip: OCOEE, FL 34761

Title: VPD (X) Change () Addition
Name: SMITH, TONEY
Address: 1837 LOCHSPYRE LP
City-St-Zip: OCOEE, FL 34761

Title: TD () Change (X) Addition
Name: GABRYLUK, TOM
Address: 1145 ROYAL MARQUIS CIR
City-St-Zip: OCOEE, FL 34761

Title: D () Change (X) Addition
Name: BUCKLEY, DAN
Address: 1200 MONTHEATH CIR
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R KEARNS

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date