

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90006 003 ****61.25

DOCUMENT # N01000000481

1. Entity Name
RYBOLT'S RESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1750 WEST BROADWAY STREET
SUITE 220
OVIEDO, FL 32765**

Mailing Address
**P.O. BOX 620368
OVIEDO, FL 32762**

40047598



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

0112008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3700320

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COMMUNITY MANAGEMENT SPECIALISTS, INC.
1750 WEST BROADWAY STREET
SUITE 220
OVIEDO, FL 32765**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE **P** ☒ Delete
NAME **PARNELL, RHONDA**
STREET ADDRESS **4654 AGUILA PL**
CITY-ST-ZIP **ORLANDO, FL 32829**

TITLE **VP** ☒ Delete
NAME **MOORE, WENDY**
STREET ADDRESS **4509 NORTHERN DANCER WAY**
CITY-ST-ZIP **ORLANDO, FL 32829**

TITLE **T.** ☐ Delete
NAME **DREHOB, BILL**
STREET ADDRESS **4206 NORTHERN DANCER WAY**
CITY-ST-ZIP **ORLANDO, FL 32829**

TITLE **D** ☒ Delete
NAME **HAISTON, KRISTOPHER**
STREET ADDRESS **14557 UNBRISTLED DR**
CITY-ST-ZIP **ORLANDO, FL 32829**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Bill Drehabl**
STREET ADDRESS **4206 Northern Dancer Way**
CITY-ST-ZIP **Orlando, FL 32826**

TITLE **VP** ☐ Change ☒ Addition
NAME **Joe Moreira**
STREET ADDRESS **4545 Northern Dancer Way**
CITY-ST-ZIP **Orlando, FL 32826**

TITLE **S** ☐ Change ☒ Addition
NAME **Patrick Kerr**
STREET ADDRESS **14527 Unbridled Dr**
CITY-ST-ZIP **Orlando, FL 32826**

TITLE **S** ☐ Change ☒ Addition
NAME **Stefan Brand**
STREET ADDRESS **14843 Affirmed Ct**
CITY-ST-ZIP **Orlando, FL 32826**

TITLE **S** ☐ Change ☒ Addition
NAME **Diane Machado**
STREET ADDRESS **4944 Native Dancer Lane**
CITY-ST-ZIP **Orlando, FL 32826**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Joseph M. Moreira **JOSEPH M MOREIRA**

2/21/08

321-218-6490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #