## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004944

FILED Mar 31, 2008 Secretary of State

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

Current Principal Place of Business:			New Principal Plac	e of Business:	
2180 WES SUITE 500 LONGWO		95044			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2180 WES SUITE 500 LONGWO		95044			
FEI Number:	: 59-3460176	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
HART, JAMES W JR 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 US			SENTRY MANAGEN 2180 WEST SR 434	HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: JAMES W HART JR				03/31/2008	
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	SD ( ALEXANDER, 1217 MONTHE OCOEE, FL 3	EATH CIR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( KEARNS, R 1203 MONTHE OCOEE, FL 3		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPD ( BUCKLEY, DA 1200 MONTHE OCOEE, FL 3	EATH CIR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( GABRYLUK, T 1145 ROYAL I OCOEE, FL 3	MARQUIS CIR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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 03/31/2008