**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 20, 2015**
**Secretary of State**
**CC7298020528**

DOCUMENT# N00000000464

**Entity Name:** ADDISON RESERVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1514 GLEN EAGLE BLVD
NAPLES, FL 34104

**Current Mailing Address:**

5603 NAPLES BLVD.
NAPLES, FL 34109

**FEI Number: 59-3671923**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOORE PROPERTY MANAGEMENT
5603 NAPLES BLVD.
NAPLES, FL 34109 US

*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

**Officer/Director Detail :**

| | |
|---|---|
| Title | TREASURER |
| Name | CARD, NANCY |
| Address | 15638 KESSELWOOD TRAIL |
| City-State-Zip: | MARSHALL MI 49068 |

| | |
|---|---|
| Title | VP |
| Name | LIND, ROY |
| Address | C/OMOORE PROPERTY MANAGEMENT<br>5603 NAPLES BLVD. |
| City-State-Zip: | NAPLES FL 34109 |

| | |
|---|---|
| Title | SECRETARY |
| Name | BAHSTA, MARGARET |
| Address | C/O MOORE PROPERTY MANAGEMENT, LLC<br>5603 NAPLES BLVD. |
| City-State-Zip: | NAPLES FL 34109 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | WILLIAM, COTE |
| Address | 96 GLEN EAGLE CIR. |
| City-State-Zip: | NAPLES FL 34104 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | RICHARDS, MICHAEL |
| Address | C/O MOORE PROPERTY MGMT<br>5603 NAPLES BLVD. |
| City-State-Zip: | NAPLES FL 34109 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GENOUESE, CAROLYN |
| Address | C/O MOORE PROPERTY MANAGEMENT<br>5603 NAPLES BLVD. |
| City-State-Zip: | NAPLES FL 34109 |

*I hereby 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 all other like empowered.*

SIGNATURE: WILLIAM COTE PRESIDENT 04/20/2015

Electronic Signature of Signing Officer/Director Detail — Date