

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

08-16-2007 90013 005 \*\*\*\*61.25

<b>DOCUMENT # 761408</b> 1. Entity Name RESTON HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 31 TIMBER RUN HAVANA, FL 32333-5560 US			Mailing Address 31 TIMBER RUN HAVANA, FL 32333-5560 US		
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		4. FEI Number 59-3451942
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  MOSLER, D'ANN 3932 SPRUCE LANE SOUTH HAVANA, FL 32333-9303			7. Name and Address of New Registered Agent Name: <u>RICHARD E. BENTON</u> Street Address (P.O. Box Number is Not Acceptable): <u>1415 EAST PIEDMONT DR.</u> <u>SUITE FOUR</u> City: <u>TALLAHASSEE</u> FL Zip Code: <u>32308</u>		
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: <u>[Signature]</u> DATE: <u>8/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOK, SHEPARD 1623 TIMBER RUN HAVANA, FL 32333	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Shepard, Brook 1623 Timber Run HAVANA, FL 32333
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOON, EARL 2160 BEAVER CRK DR HAVANA, FL 32333	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moon, Earl 2160 Beaver Crk Dr HAVANA, FL 32333
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, WEYMAN 2112 BEAVER CRK DR HAVANA, FL 32333	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Williams, John 1248 Timber Run HAVANA, FL 32333
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, LONDON 824 TIMBER RUN HAVANA, FL 32333	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Stewart, Don 102 Timber Run HAVANA, FL 32333
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.					
SIGNATURE: <u>[Signature]</u> DATE: <u>8.10.07</u> DAYTIME PHONE #: <u>850-393-4615</u> <small>SIGNATURE AND EXPLODED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					