


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90017 012 ****61.25

DOCUMENT # N00000007995

1. Entity Name
THE RESERVE AT BELMERE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
~~5401 S. KIRKMAN RD. 450 ORLANDO, FL 32819~~

Mailing Address
~~5401 S. KIRKMAN RD. 450 ORLANDO, FL 32819~~

20023957



2. Principal Place of Business
1350 Orange Ave

3. Mailing Address
1350 Orange Ave

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

03102005 Chg-NP CR2E037 (10/03)

City & State
Winter Park FL

City & State
Winter Park FL

4. FEI Number
59-3685040

Applied For
 Not Applicable

Zip Country
32789 USA

Zip Country
32789 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CARPENTER, SUE
 5401 S KIRKMAN RD
 STE 475
 ORLANDO, FL 32819~~

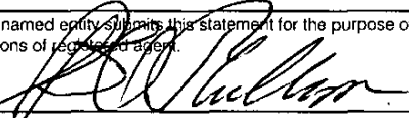
Name
Roger V. Phillips

Street Address (P.O. Box Number is Not Acceptable)
C/O Attwood-Phillips Inc.

1350 Orange Ave Ste 100

City
Winter Park FL Zip Code
32789

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  DATE **3/10/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	DP ROSSMAN, NANCY A 6355 METROWEST BLVD STE 330 ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLE, WILLIAM W JR 706 TURNBULL AVE STE 102 ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GOLDBERG, ALLAN N 706 TURNBULL AVE STE 102 ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, J MICHAEL 1308 GLENWICK DR WINDERMERE FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COFFEY, ROBERT 1802 GLENBAY CT WINDERMERE FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLEGG, EVELYN 1669 LAKE RHEA DR WINDERMERE FL 34768	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARATTA, DORE ANN 1642 GLENWICK DR WINDERMERE FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, ARTHUR 1239 GLENHEATHER DR WINDERMERE FL 34786	<input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(l), 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:  DATE: **3/12/05** DAYTIME PHONE #: **(407) 851-5800 x1220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR