

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2008
Secretary of State**

DOCUMENT# N00000007995

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

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3685040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRANKLIN, LYNN
Address: 1708 GLENWICK DR
City-St-Zip: WINDERMERE, FL 34786

Title: SD () Delete
Name: HIMEBAUCH, CHRIS
Address: 11709 DELWICK DR
City-St-Zip: WINDERMERE, FL 34786

Title: VPD () Delete
Name: BARATTA, DORE ANN
Address: 1642 GLENWICK DR
City-St-Zip: WINDERMERE, FL 34786

Title: TD () Delete
Name: HARVEY, FOREST
Address: 11373 SHANDON PARK WY
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: HUDDOCK, JIM
Address: 1203 GLENHEATHER DR
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FRANKLIN, LYNN
Address: 1708 GLENWICK DR
City-St-Zip: WINDERMERE, FL 34786

Title: PD (X) Change () Addition
Name: KAMARSU, RAO
Address: 1579 LAKE RHEA DR
City-St-Zip: WINDERMERE, FL 34786

Title: SD (X) Change () Addition
Name: BRASSE, CHRIS
Address: 1413 LONGMEADOW WAY
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HUDDOCK, JIM
Address: 1203 GLENHEATHER DR
City-St-Zip: WINDERMERE, FL 34786

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: RAO KAMARSU

PD

04/11/2008

Electronic Signature of Signing Officer or Director

Date