

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000234

FILED
Apr 27, 2009
Secretary of State

Entity Name: TOWN CENTER RESERVE HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

RESERVE DRIVE
DAVENPORT, FL 33896

New Principal Place of Business:

Current Mailing Address:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 44

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 US

FEI Number: 02-0618507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURLOW, REBECCA
5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 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: REBECCA FURLOW

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DICKSON, BRIAN
Address: 263 RESERVE DRIVE
City-St-Zip: DAVENPORT, FL 33896

Title: VPD () Delete
Name: OLIVER, STUART
Address: 334 RESERVE DRIVE
City-St-Zip: DAVENPORT, FL 33896

Title: TRES () Delete
Name: MCNULTY, ELAINE
Address: 120 RESERVE DRIVE
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: SHAMASKO, ROBERT
Address: 7635 W. 92ND PLACE
City-St-Zip: BRIDGEVIEW, IL 60455

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

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: BRIAN DICKSON

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date