

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90030 016 ****61.25

DOCUMENT # N05000001217

1. Entity Name
RESERVE ALLIANCE, INC.



Principal Place of Business
**12598 KIRBY SMITH RD
ORLANDO, FL 32832**

Mailing Address
**PO BOX 701865
ST CLOUD, FL 34770 US**

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
06-1801857

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**TURMAN, DEAN K
12598 KIRBY SMITH RD
ORLANDO, FL 32832**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **TURMAN, DEAN K**
STREET ADDRESS **12598 KIRBY SMITH RD**
CITY-ST-ZIP **ORLANDO, FL 32832**

TITLE **D** ☐ Change ☒ Addition
NAME **JOSEPH N. DEBAISE, II**
STREET ADDRESS **1500 RIVIERA DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **D** ☒ Delete
NAME **LOUBIER, BARBARA J**
STREET ADDRESS **3102 EAGLES LANDING CIRCLE WEST**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **DS** ☐ Change ☒ Addition
NAME **ALICE ZUCCLARINI**
STREET ADDRESS **10531 BRIDLEWOOD AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **D** ☒ Delete
NAME **RIOS, THOMAS R**
STREET ADDRESS **14 S FLAG CT**
CITY-ST-ZIP **KISSIMMEE, FL 34759**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08 407-273-0792

Date

Daytime Phone #