# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 27, 2008 8:00 am**
**Secretary of State**
03-27-2008 90035 013 ****70.00

DOCUMENT # N05000008795

1. Entity Name
THE RESERVE AT PERSHING OAKS CONDOMINIUM ASSOCIATION, INC.

40052801

| Principal Place of Business | Mailing Address |
|---|---|
| 4408 HECTOR CT.<br>ORLANDO, FL 32822 | 4408 HECTOR CT.<br>ORLANDO, FL 32822 |

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03092008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3856921
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CESERY L. BULLARD, P.A.
390 N. ORANGE AVE.
SUITE 2300
ORLANDO, FL 32801

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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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | FAIRCLOTH, CAROLINA |
| STREET ADDRESS | 4408 HECTOR COURT |
| CITY-ST-ZIP | ORLANDO, FL 32822 |
| TITLE | VP |
| NAME | TORRES, MADELINE |
| STREET ADDRESS | 4403 HECTOR COURT |
| CITY-ST-ZIP | ORLANDO, FL 32822 |
| TITLE | S |
| NAME | ~~RIGER, ELISSA~~ Luisa Garcia |
| STREET ADDRESS | 4408 HECTOR COURT |
| CITY-ST-ZIP | ORLANDO, FL 32822 |
| TITLE | TR |
| NAME | TAPIA, MIRIAM |
| STREET ADDRESS | 4403 HECTOR COURT |
| CITY-ST-ZIP | ORLANDO, FL 32822 |
| TITLE | A-TR |
| NAME | ROMAN, JUAN |
| STREET ADDRESS | 4403 HECTOR COURT |
| CITY-ST-ZIP | ORLANDO, FL 32822 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** Carolina Faircloth Carolina Faircloth 3-13-08 321 228-6445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #