2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008795

FILED Feb 17, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4408 HEC ORLANDO	TOR CT. D, FL 32822				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4408 HEC ORLANDO	TOR CT. D, FL 32822				
FEI Number:	: 20-3856921	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
112 NORT ORLANDO The above	BULLARD, F FH SUMMERLI D, FL 32801 e named entity e of Florida.	N AVENUE US	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electror	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (FAIRCLOTH, C 4408 HECTOR ORLANDO, FL	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (TORRES, MAD 4403 HECTOR ORLANDO, FL	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (GARCIA, LUISA 4408 HECTOR ORLANDO, FL	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TR (TAPIA, MIRIAM 4403 HECTOR ORLANDO, FL	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	A-TR (ROMAN, JUAN 4403 HECTOR ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CAROLINA FAIRCLOTH P 02/17/2009