
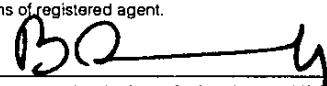
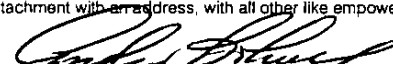


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90139 024 ****61.25

DOCUMENT # N06000006441 1. Entity Name THE RESERVE AT SANFORD HOMEOWNERS' ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 2200 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309				Mailing Address 2200 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309																																																																																																																									
2. Principal Place of Business - No P.O. Box # 882 Jackson Avenue		3. Mailing Address 882 Jackson Avenue																																																																																																																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																											
City & State Winter Park, Florida		City & State Winter Park, Florida		4. FEI Number 26-2512390																																																																																																																									
Zip 32789		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Brian S. Dervishi, Esq. Street Address (P.O. Box Number is Not Acceptable): One Southeast 3rd Ave, # 1980 City Miami FL Zip Code 33131																																																																																																																									
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  SIGNATURE </div> <div style="text-align: center;"> Brian S. Dervishi, Esq. 04/23/2008 DATE </div> </div>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																											
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KENNICOTT, TONY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2200 WEST CYPRESS CREEK ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33309</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCAVOY, DON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2200 WEST CYPRESS CREEK ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33309</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PITTMAN, LARRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2200 WEST CYPRESS CREEK ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33309</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WEST, ALFRED</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2200 WEST CYPRESS CREEK ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33309</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PVSTD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Andrew J. Bolnick, Receiver</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3442 East Lake Rd # 310</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Palm Harbor, FL 34685</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	KENNICOTT, TONY		STREET ADDRESS	2200 WEST CYPRESS CREEK ROAD		CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		TITLE	TD	<input checked="" type="checkbox"/> Delete	NAME	MCAVOY, DON		STREET ADDRESS	2200 WEST CYPRESS CREEK ROAD		CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		TITLE	SD	<input checked="" type="checkbox"/> Delete	NAME	PITTMAN, LARRY		STREET ADDRESS	2200 WEST CYPRESS CREEK ROAD		CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		TITLE	V	<input checked="" type="checkbox"/> Delete	NAME	WEST, ALFRED		STREET ADDRESS	2200 WEST CYPRESS CREEK ROAD		CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	PVSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Andrew J. Bolnick, Receiver		STREET ADDRESS	3442 East Lake Rd # 310		CITY-ST-ZIP	Palm Harbor, FL 34685		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	KENNICOTT, TONY																																																																																																																												
STREET ADDRESS	2200 WEST CYPRESS CREEK ROAD																																																																																																																												
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309																																																																																																																												
TITLE	TD	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	MCAVOY, DON																																																																																																																												
STREET ADDRESS	2200 WEST CYPRESS CREEK ROAD																																																																																																																												
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309																																																																																																																												
TITLE	SD	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	PITTMAN, LARRY																																																																																																																												
STREET ADDRESS	2200 WEST CYPRESS CREEK ROAD																																																																																																																												
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309																																																																																																																												
TITLE	V	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	WEST, ALFRED																																																																																																																												
STREET ADDRESS	2200 WEST CYPRESS CREEK ROAD																																																																																																																												
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE	PVSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																											
NAME	Andrew J. Bolnick, Receiver																																																																																																																												
STREET ADDRESS	3442 East Lake Rd # 310																																																																																																																												
CITY-ST-ZIP	Palm Harbor, FL 34685																																																																																																																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
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				04/23/2008 (305) 789-4282 Date Daytime Phone #																																																																																																																									

Andrew J. Bolnick, Receiver; President