

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PH 9:48

SECRETARY OF STATE
DIVISION
95 APR

DOCUMENT # N22959 (3)

1. Corporation Name
THE RESERVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**15310 AMBERLY DR.
SUITE 207
TAMPA FL 33647
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1987	3a. Date of Last Report 03/29/1994
4. FEI Number 59-6901944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHAEFER, JOHN A.
JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL
911 CHESTNUT STREET
CLEARWATER FL 34617**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *John A. Schaefer*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOYD, DOUGLAS
STREET ADDRESS	15310 AMBERLY DR., SUITE 2073
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	WEINHOLD, MICHELLE
STREET ADDRESS	15310 AMBERLY DR., SUITE 207
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	ZEILENBACH, JOHN
STREET ADDRESS	15310 AMBERLY DR., SUITE 207
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	HENDERSON, CYNTHIA
STREET ADDRESS	6330 MACLARIN DR.
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	SCOTT LUTTRELL
4.4 CITY - ST - ZIP	6401 MACLARIN DRIVE TAMPA FL 33647
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Douglas Lloyd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System Used