NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N22959

(3)

1. Corporation Name														
	THE RE	Serve I	HON	ieowners as	SOC	IATION, INC.								`
Pri	ncipal Place	of Business			M	lailing Address								
	15310 AMBERLY DR. 15310 AMBERLY RD.													
SUITE 207 SUITE 207 TAMPA FL 33647 TAMPA FL 33647														
US US						US					3. Date Incorporated or Qualified	3a.	Date of Last	Report
											10/12/1987		04/11/19	995
2.	Principal Pla	l Place of Business				2a. Mailing Address					4. FEI Number		1	Applied For
21						26					59-6901944		1	Not Applicable
Щ	Suite, Apt. a	e, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		,	Additional
22	0% 0 00-1-				27								Fee I	Required
	City & State	City & State				Orty & State					6. Election Campaign Financing \$5.00 May Be			
23	Zip	Country			28	Zip Coui					Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24	Σ.ΙΡ		25	ocura y	29	2.10	30	ocurici y	•		1	intangibi M Yes		199.032,
		9. Name		Address of Curren		stered Agent	1001	Τ-	-		10. Name and Address of New I		<u></u>	
								81	N	ame				
SCHAEFER, JOHN A.										6ne Aardis	ss (P.O. Box Number is Not Accepta	htol		
Johnson, Blakely, Pope, Bokor, Rui					JPPEL	PEL				TOOL ACTURE	as (io. box number is not Accepta	леу		
911 CHESTNUT STREET							83							
CLEARWATER FL 34617										ity			85 Zıç	Code
								84		•			-L -	
11	 Pursuant t 	o the provisi	ions c	f Sections 617,0502	and 61	17.1508, Florida Statut	es, the ab	ove i	nam	ed corporat	tion submits this statement for the pu of directors. I hereby accept the app	rpose of	changing its re	egistered office
	familiar wit	h, and acce	pt tike	obligations of Soci	on 617	0503, Florida Statutes	5.	COIL	JCJI KIL	35113 00310	the directors if hereby accept the app			agon. ran
SIC	SNATURE _		_	ALL Def	w							(a.6	1.1,96	
12		Signature, typen	or pent	ed came of registered agent OFFICERS ANI			OIL Register		nt sign	altare responde v	Steinwistung) ADD HONS(CHANGES TO OF)	DAT LICEDS L	TE ANIEN ENIOR OTTO	DS IN 10
111		PD		ON FIGURE 7 (14)	D EAN IE	DELEIE		TITLE		Des	5/DIK	IOL FIG 7	Change	Addition
NA!	ME	LOYD, D	OUC	LAS				NAMÉ		£24.6	OF MACLAURIN DRIVE			
SIA	EET ADDRESS	15310 A	MBE	RLY DR., SUITE 2	2073		13	STREET	r ADD	RESS 64	OI MACLAURIN DRIVE			
CiT	Y-ST-ZIP	TAMPA	FL				1,4	CITY - S	ST - Z4	P ' '	MPA FL 33647			
TIT	Ę	SD			****	DELETE	21	TIFLE			OPDIR		☐ Change	■ Addition
NA	ME B			MICHELLE			22	NAME		Am	Y ARRINGTON AIN DIZI	,;, -		
STR	IEET ADDRESS			rlydr, suite 20)7		23	STREEL	LADO			ve		
_	Y-SI-ZIP	TAMPA	FL				2.4	CITY-	ST-7	r l ·	MNA FL 33647			
TITL	1	TD ZEN END	NO.	IOHN		DEFETE		TITLE			EA SUREIL		☐ Change	☐ Addition
NAN		ZEILENB		, Juhn RLY DR, Suite 2	07			NAME		158	IAN CHRISTOPHER			
	EET ADDRESS	TAMPA		nti bn, some z	.07			STREET		RESS COUL	DIZ EMMONS NAME			
	Y-\$T-ZIP	D	- L	··		DELETE		CITY	SI-ZI		MPH FL 3364		☐ Change	F
TITE		SCOTT,	ш	TRFI I		Постен		TITLE NAME			PRES		Change	Addition
	EET ADDRESS			URIN DRIVE				STREET			RUL PHUTLER	S a	,	
	Y-S1-ZIP	TAMPA						OITY-S		ness 6.3	68 MACHAURIN L AMPA FL 33			
TITL						DELETE		TITLE	- / / /		MMPA FL 33 O.R.	<u> </u>	Change	Addition
NA	1					_		NAME						
	EET ADDRESS							STREET	OCA I	RESS フラン	101 CHESTON ET			
CIT	Y-ST-ZIP							CITY - S		· 70	MPA FL 3364	7		
TITL	.E					DELETE		TITLE					Change	Addition
NAN	NE						62	NAME						
STR	EET ADDRESS						63	STREET	ADD	RESS				
	Y-ST-ZIP							CITY - S		, I				

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 119.07(3)(k). 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.8.96

(813) 900-3337 CR2E037 (12/95)