


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22959 (3)
 1. Corporation Name
THE RESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 15310 AMBERLY DR. SUITE 207 TAMPA FL 33647 US	Mailing Address 16010 AMBERLY RD. SUITE 207 TAMPA FL 33647-0446 US
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3. Date Incorporated or Qualified 10/12/1987	3a. Date of Last Report 03/28/1996
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2. Principal Place of Business 21 16101 COMPTON DR. Suite, Apt. #, etc. 22 City & State 23 TAMPA, FLORIDA Zip 24 33647 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 SAME City & State 28 Zip 29 Country 30
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4. FEI Number 59-6901944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 SCHAEFER, JOHN A.
 JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL
 911 CHESTNUT STREET
 CLEARWATER FL 34617

10. Name and Address of New Registered Agent
 81 Name
 Steven H. Mezer, P.A.
 82 Street Address (P.O. Box Number is Not Acceptable)
 1212 Court Street, Suite B
 83
 84 City
 Clearwater FL 85 Zip Code
 34616

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when registering) DATE: 1-22-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTTRELL, SCOTT	1.2 NAME	
STREET ADDRESS	6401 MACLAURIN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRINGTON, AMY	2.2 NAME	
STREET ADDRESS	6334 MACLAURIN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER, BRIAN	3.2 NAME	
STREET ADDRESS	6202 EMMON LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUTLER, CAROL	4.2 NAME	
STREET ADDRESS	6368 MACLAURIN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOYD, DOUGLAS	5.2 NAME	
STREET ADDRESS	15701 CHESTON CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

100002093574 Change Addition
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[Handwritten initials]

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: 1-22-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0049076

CR2E037 (9/96)