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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N22959

1. Corporation Name

THE RESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

16101 COMPTON DR.
 TAMPA FL 33647
 US

16101 COMPTON DR.
 TAMPA FL 33647
 US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/12/1987
 4. FEI Number
59-6901944

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

25

29 Zip Country

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEZER, STEVEN H P.A.
 1212 COURT STREET SUITE B
 CLEARWATER FL 34616

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code
33761

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S DELETE
 NAME LAVAN, LISA
 STREET ADDRESS 6201 FARTHING STREET
 CITY-ST-ZIP TAMPA FL 33647

1.1 TITLE S Change Addition
 1.2 NAME LAVAN, LOIS
 1.3 STREET ADDRESS 15505 THORNHURST COURT
 1.4 CITY-ST-ZIP TAMPA, FL 33647

TITLE VPD DELETE
 NAME ARRINGTON, AMY
 STREET ADDRESS 6334 MACLAURIN DR
 CITY-ST-ZIP TAMPA FL 33647

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE T DELETE
 NAME HENSLEIGH, MARK
 STREET ADDRESS 15611 FARTHING STREET
 CITY-ST-ZIP TAMPA FL 33647

3.1 TITLE T Change Addition
 3.2 NAME HENSLEIGH, MARK
 3.3 STREET ADDRESS 15611 Cochester Drive
 3.4 CITY-ST-ZIP TAMPA, FL 33647

TITLE PD DELETE
 NAME PAUTLER, CAROL
 STREET ADDRESS 6368 MACLAURIN DR
 CITY-ST-ZIP TAMPA FL 33647

4.1 TITLE PD Change Addition
 4.2 NAME PAUTLER, CAROL
 4.3 STREET ADDRESS 6363 MACLAURIN DRIVE
 4.4 CITY-ST-ZIP TAMPA, FL 33647

TITLE D DELETE
 NAME LOYD, DOUGLAS
 STREET ADDRESS 15802 AMBERY DRIVE
 CITY-ST-ZIP TAMPA FL 33647

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/22/99

813-977-3430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)