

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90121 038 ****61.25

DOCUMENT # N22959

1. Entity 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

4131 GUNN HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

4131 GUNN HIGHWAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number
59-6901944

Applied For
 Not Applicable

Zip
33624

Country
USA

Zip
33624

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEZER, STEVEN, H P.A.
220 S FRANKLIN STREET
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **GAIL E. FLOWERS, LEAM, dMCA**
 Street Address (P.O. Box Number is Not Acceptable)
4131 GUNN HIGHWAY
 City **TAMPA** FL Zip Code **33624**

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.

SIGNATURE *Gail E. Flowers* **GAIL E. FLOWERS** **1-15-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRICK, MARY 6305 MACLAURIN DR TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'MALLEY, MICHAEL 6204 EMMONS LANE TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENSLEIGH, MARK 15611 COCHESTER DRIVE TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAUTLER, CAROL 6363 MACLAURIN DRIVE TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGER, JOHN 6409 MACLAUREN DRIVE TAMPA FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSHMAN, JON 15706 COCHESTER RD. TAMPA, FL. 33647	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Mark A. Hensleigh* **MARK A. HENSLEIGH** **1-20-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

FILED

CR2E037 (9/01)