


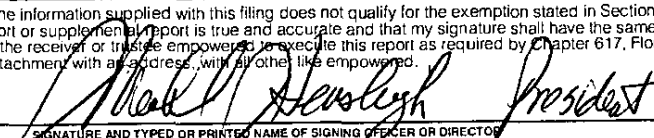


**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

04-26-2004 90498 049 ****61.25

DOCUMENT # N22959 1. Entity Name THE RESERVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HIGHWAY TAMPA, FL 33624 US		Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33624 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<p style="font-size: 24px; font-weight: bold;">54039802</p> 	
City & State		City & State		4. FEI Number 59-6901944	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WISE, KATHI LGAM 4131 GUNN HIGHWAY TAMPA, FL 33624				7. Name and Address of New Registered Agent Name Frank Friscia Street Address (P.O. Box Number is Not Acceptable) 500 N Westshore Blvd City Tampa State FL Zip Code 33609	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 4/7/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. <input checked="" type="checkbox"/> Delete FRICK, MARY 6305 MACLAURIN DR TAMPA, FL 33647	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete TD O'MALLEY, MICHAEL 6204 EMMONS LANE TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Franz, Marcy 6413 MacLaurin Dr Tampa, FL 33647		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P HENSLEIGH, MARK 15611 COCHESTER DRIVE TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VP WEISSMAN, EMILY 15501 THORNHURST CT. TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP O'Malley, Michael 6204 Emmons Lane Tampa, FL 33647		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D HERSHMAN, JON 15706 COCHESTER ROAD TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Paulter, Carol 6363 MacLaurin Dr Tampa, FL 33647		
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		
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 the information 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 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 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.					
SIGNATURE: 				DATE: 3/17/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: 813-610-3261	