


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90081 035 ****61.25

| | | | | | |
|---|-----------------------|--|---|---|--|
| DOCUMENT # N22959 | | | |  | |
| 1. Entity Name THE RESERVE HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 4131 GUNN HIGHWAY TAMPA, FL 33618 US | | | Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33618 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01272007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-6901944 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| FRISCIA, FRANK 500 N. WESTSHORE BLVD TAMPA, FL 33609 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 500 N Westshore Blvd, Ste 830 | | |
| | | | City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAVOL, CHUCK | | NAME | Don Gaias | |
| STREET ADDRESS | 6312 MCLAURIN DR | | STREET ADDRESS | 6418 MacLaurin Dr | |
| CITY-ST-ZIP | TAMPA, FL 33647 | | CITY-ST-ZIP | Tampa, FL 33647 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARDOSO, TRISH | | NAME | | |
| STREET ADDRESS | 6204 EMMONS LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33647 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENSLEIGH, MARK | | NAME | | |
| STREET ADDRESS | 15611 COCHESTER DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33647 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'MALLEY, MICHAEL | | NAME | | |
| STREET ADDRESS | 6204 EMMONS LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33647 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAULTER, CAROL | | NAME | Carol Pautler | |
| STREET ADDRESS | 6363 MAC LAURIN DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33647 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PETRICK, VIRGINIA | | NAME | | |
| STREET ADDRESS | 6310 MACLAURIN DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33647 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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 an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Mark Hensleigh</i> | | | President 4-4-07 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |