

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22959

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4131 GUNN HIGHWAY
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

4131 GUNN HIGHWAY
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-6901944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRISCIA, FRANK
5550 W. EXECUTIVE DR, STE. 250
MEIROSE & FRISCIA, P.A.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GAIAS, DON
Address: 6418 MACLAURIN DR
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: CARDOSO, TRISH
Address: 6204 EMMONS LANE
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: PETRICK, VIRGINIA
Address: 6310 MACLAURIN DR
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: LIST, KIM
Address: 15706 COCHESTER RD
City-St-Zip: TAMPA, FL 33647

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: GAIAS, DON
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: P (X) Change () Addition
Name: CARDOSO, TRISH
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: S (X) Change () Addition
Name: LIST, KIM
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: T (X) Change () Addition
Name: PETRICK, VIRGINIA
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: D () Change (X) Addition
Name: OTTEN, CHRISTINE
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRISH CARDOSO

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date