


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90096 048 *****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**

90009801



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-6901944**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FLOWERS, GAIL E LCAM
4131 GUNN HIGHWAY
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **WISE, KATHI LCAM**

Street Address (P.O. Box Number is Not Acceptable)
4131 GUNN HWY

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kathi Wise LCAM* DATE **1/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FRICK, MARY	
STREET ADDRESS	6305 MACLAURIN DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'MALLEY, MICHAEL	
STREET ADDRESS	6204 EMMONS LANE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	P	<input type="checkbox"/> Delete
NAME	HENSLEIGH, MARK	
STREET ADDRESS	15611 COCHESTER DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PAUTLER, CAROL	
STREET ADDRESS	6363 MACLAURIN DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERSHMAN, JON	
STREET ADDRESS	15706 COCHESTER ROAD	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emily Weissman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	15501 Thornhurst Ct.	
CITY-ST-ZIP	Tampa, FLA 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an address, with all other like empowered.

SIGNATURE: *Jon Hershman* DATE **1/17/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)