FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27773** **(3)**

1. Corporation Name
THE RESERVE AT LAKE TARPON COMMUNITY ASSOCIATION , INC.

Principal Place of Business	Mailing Address
~~3878 TARIAN CT~~ ~~PALM HARBOR FL 34684~~ ~~US~~	PO BOX 188 PALM HARBOR FL 34682 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1988
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2925191 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3887 TARIAN CT	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PALM HARBOR FL	28 City & State
24 Zip: 34684	25 Country: US
29 Zip	30 Country

9. Name and Address of Current Registered Agent

~~STEVENSON, RICHARD B.~~
~~3878 TARIAN CT~~
~~PALM HARBOR FL 34684~~

10. Name and Address of New Registered Agent

81 Name: Joseph P. DiSalvatore
82 Street Address (P.O. Box Number is Not Acceptable): 3887 Tarian Court
83
84 City: Palm Harbor **FL** 85 Zip Code: 34684

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Joseph P. DiSalvatore April 24, 1995
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	~~STEVENSON, RICHARD B~~	1.2 NAME	ALLBRITTEN, JAMES K	
STREET ADDRESS	~~3878 TARIAN CT~~	1.3 STREET ADDRESS	3850 TALAH DR	
CITY-ST-ZIP	~~PALM HARBOR FL~~	1.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	DV	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	~~ALLBRITTEN, JAMES K~~	2.2 NAME	DISALVATORE, JOSEPH P	
STREET ADDRESS	~~4900 MINEOLA PL~~	2.3 STREET ADDRESS	3887 TARIAN CT	
CITY-ST-ZIP	~~PLAM HARBOR FL~~	2.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	DT	3.1 TITLE		☐ Change ☐ Addition
NAME	BOWER, CHARLES W	3.2 NAME		
STREET ADDRESS	3906 TARIAN CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	~~FELDMAN, EARLINE C~~	4.2 NAME	DAVIS, HOLLY J	
STREET ADDRESS	~~3881 TALAH DR~~	4.3 STREET ADDRESS	3933 TALAH DR	
CITY-ST-ZIP	~~PLAM HARBOR FL~~	4.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ CHARLES W. BOWER 04-22-95 (813) 784-2078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

DIRECTOR

0086061