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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N27773**

1. Corporation Name

THE RESERVE AT LAKE TARPON COMMUNITY ASSOCIATION , INC.

Principal Place of Business	Mailing Address
GOLDSTAR MANAGEMENT CO. 34072 U.S. 19 NORTH PALM HARBOR FL 34684 US	GOLDSTAR MANAGEMENT CO 34072 U.S. 19 NORTH PALM HARBOR FL 34684 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 08/01/1988

4. FEI Number: 59-2925191 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GOLDMAN, WILLIAM A
34072 U.S. 19 NORTH
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 617.0505, Florida Statutes.

SIGNATURE [signature] 2/3/99
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	PD	☒ DELETE	1.1 TITLE	WOLFGANG HOPKA PRES-D	☐ Change ☒ Addition
NAME	PIPLICA, MARYANN		1.2 NAME		
STREET ADDRESS	3909 TALAH DRIVE		1.3 STREET ADDRESS	3909 TARIAN CT	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	SD	☒ DELETE	2.1 TITLE	CINDY SCOTT V.P. D.	☐ Change ☒ Addition
NAME	DAVIS, HOLLY J.		2.2 NAME		
STREET ADDRESS	3933 TALAH DRIVE		2.3 STREET ADDRESS	3873 TALAH DR.	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VPD	☒ DELETE	3.1 TITLE	SEC. & DIR	☐ Change ☒ Addition
NAME	MILLER, JOSEPH E		3.2 NAME	PATRICIA ROCCO	
STREET ADDRESS	3933 TARIAN CT		3.3 STREET ADDRESS	3910 TALAH DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34684		3.4. CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	DT	☐ DELETE	4.1 TITLE	RICHARD NATALE, D	☐ Change ☒ Addition
NAME	CHRONIS, TED G		4. 2 NAME		
STREET ADDRESS	3938 TARIAN CT		4.3 STREET ADDRESS	3901 TARIAN CT	
CITY-ST-ZIP	PALM HARBOR FL 34684		4.4 CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: X [signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #